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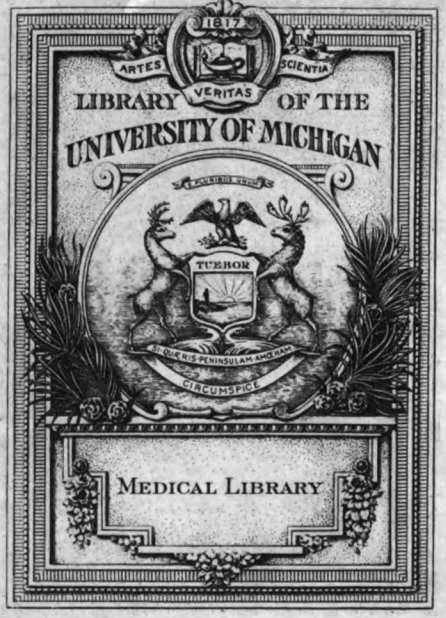

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Dr Virgil Snodd

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TRANSACTIONS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE STATE BOARD OF HEALTH.

ORGANIZED 1847—SESSION OF 1886.

ANNISTON, APRIL 13-16, 1886.

MONTGOMERY, ALABAMA:
W. D. BROWN & CO., PRINTERS, BINDERS AND STATIONERS.
1886.

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JOHN HOWARD BLUE, M. D., Montgomery.
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THOMAS A. MEANS, M. D., Chairman.

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THE MINUTES OF THE PROCEEDINGS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

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THE MINUTES OF THE PROCEEDINGS.

SESSION OF 1886.

THE PROCEEDINGS OF THE FIRST DAY.

ANNISTON, TUESDAY, APRIL 13.

The Association assembled in the Opera House at 10 o'clock, A. M., April 13.

The following Counsellors and Delegates appeared and registered:

GRAND SENIOR COUNSELLORS.

PETER BRYCE, Tuskaloosa, Tuskaloosa county.
JEROME COCHRAN, Mobile, Mobile county.
JOHN JEFFERSON DEMENT, Huntsville, Madison county.
JOHN BROWN GASTON, Montgomery, Montgomery county.
JAMES MYERS GODFREY, Sumterville, Sumter county.
SAMUEL MARDIS HOGAN, Union Springs, Bullock county.
ROBERT DANDRIDGE JACKSON, Summerfield, Dallas county.
WALTER CLARKE JACKSON, Montgomery, Montgomery county.
MORTIMER HARVEY JORDAN, Birmingham, Jefferson county.
GEORGE AUGUSTUS KETCHUM, Mobile, Mobile county.
RICHARD FRASER MICHEL, Montgomery, Montgomery county.
CLIFFORD DANIEL PARKE, Selma, Dallas county.
BENJAMIN HOGAN RIGGS, Selma, Dallas county.
SAMUEL DIBBLE SEELYE, Montgomery, Montgomery county.
JOB SOBIESKI WEATHERLY, Montgomery, Montgomery county.
ROBERT DICKENS WEBB, Livingston, Sumter county.

SENIOR COUNSELLORS.

JAMES PAXTON BARCLAY, Eutaw, Greene county.
PUGH H. BROWN, Troy, Pike county.
DAVIS ELMORE CASON, Ashville, St. Clair county.
BENJAMIN FRANKLIN CROSS, Decatur, Morgan county.
ROBERT HUGHES HAYES, Union Springs, Bullock county.

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John Richardson Hoffman, Athens, Limestone county.
John Alexander McKinnon, Selma, Dallas county.
Thomas Alexander Means, Montgomery, Montgomery county.
William Augustus Mitchell, Eufaula, Barbour county.
Francis Marion Petkerson, Greensboro, Hale county.
William Crawford Phillips, Selma, Dallas county.
Francis Marion Prince, Jonesboro, Jefferson county.
James Polk Rorex, Scottsboro, Jackson county.
William Henry Sanders, Mobile, Mobile county.
John William Sears, Birmingham, Jefferson county.
Edward Henry Sholl, Birmingham, Jefferson county.

JUNIOR COUNSELLORS.

Wilds Scott DuBose, Columbiana, Shelby county.
Richard Mathew Fletcher, Madison Station, Madison county.
Albert Goodwin, Eufaula, Barbour county
Charles Higgs Franklin, Union Springs, Bullock county.
James Fountain Heustis, Mobile, Mobile county.
Samuel Henry Hill, Carrollton, Pickens county.
Richard Proctor Huger, Anniston, Calhoun county.
Jacob Huggins, Newbern, Hale county.
Henry Tutwiler Inge, Mobile, Mobile county.
Joel Cloud Kendrick, Greenville, Butler county.
Samuel Henry Lowery, Huntsville, Madison county.
Joseph Moody, Bridgeville, Pickens county.
George Calvin Norris, Wadsworth, Autauga county.
John Washington Pearce, Oxford, Calhoun county.
Thaddeus Lindlay Robertson, Oxford, Calhoun county.
Offa Lunsford Shivers, Marion, Perry county.
William Henry Sledge, Jefferson, Marengo county.
Andrew McAdam Stovall, Jasper, Walker county.
William Fletcher Thetford, Boligee, Greene county.
Charles Whelan, Birmingham, Jefferson county.

DELEGATES.

Barbour County Medical Society.—James P. Martin, Clayton.

Bibb County Medical Society.—Frederick Fannin Gage, Briarfield.

Blount County Medical Society.—Patrick G. Aldridge, Brooksville; Floyd G. Donehoo, Murphree's Valley.

Butler County Medical Society.—J. J. McCane, Glasgow.

Calhoun County Medical Society.—Thomas Carter Hill, Oxford; Charles Richard Saxton, Anniston.

Cleburne County Medical Society.—Arthur Wellington Ligon, Chulafinnee; Winston Cass Wood, Arbacoochee.

Coosa County Medical Society.—William Thomas Hamilton, Nixburg.

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Cullman County Medical Society.—JAMES T. HARWELL; EMIL HENCKELL, Cullman.

Dallas County Medical Society.—LEMUEL LOVETT ALSTON, Orrville; JAMES MARION DONALD, Harrell's.

DeKalb County Medical Society.—HORACE PUCKETT MCWHORTER, Collinsville.

Elmore County Medical Society.—JOHN JAMES HUNTER, Wetumpka.

Etowah County Medical Society.—JOHN BENSON LIDDELL, Gadsden.

Escambia County Medical Society.—JAMES ANTHONY WILKINSON, Flomaton.

Fayette County Medical Society.—THOMAS C. MORTON, Fayette Court House.

Hale County Medical Society.—REUBEN HENRY DUGGAR, Gallion.

Jefferson County Medical Society.—EDWARD PICKENS EARLE, Birmingham.

Lamar County Medical Society.—JOHN OSCAR KENNEDY, Kennedy.

Lawrence County Medical Society.—REESE BOWEN PORTER, Town Creek.

Lee County Medical Society.—CHARLES B. MCCOY, Opelika.

Lowndes County Medical Society.—D. D. JONES, Fort Deposit.

Macon County Medical Society.—HOWARD AUGUSTUS ALEXANDER; THOMAS EDMUND DRYER, Tuskegee.

Marengo County Medical Society.—HOBART COBBS DUGGAR, Van Dorn; JAMES H. GEORGE, Linden.

Mobile County Medical Society.—CHARLES H. MOHR, Mobile.

Montgomery County Medical Society.—BENJAMIN JAMES BALDWIN; LUTHER LEONIDAS HILL, Montgomery.

Morgan County Medical Society.—ANSLUM C. HENRY, Hartselle.

Perry County Medical Society.—WILLIAM WASHINGTON WILKERSON, Marion.

Pickens County Medical Society.—JOHN WALTER MCLEOD, Bethany.

Pike County Medical Society.—WILLIAM BRYAN SANDERS, Milo.

Randolph County Medical Society.—WYATT HEFLIN, Wedowee.

Shelby County Medical Society.—JOHN HARFORD WILLIAMS, Columbiana.

St. Clair County Medical Society.—EDWARD PENDLETON CHANDLER, Cropwell; JAMES WELLS CRUMP, Steel's Depot.

Sumter County Medical Society.—JESSE CRAWFORD HOUSTON, Belmont.

Talladega County Medical Society.—JOHN DIXON, Fayetteville.

Tallapoosa County Medical Society.—ABNER JACKSON NOLEN, New Site.

Walker County Medical Society.—WILLIAM W. CUNNINGHAM, Corona.

Thirty-five county societies, represented by forty-four delegates.

The counties of Autauga, Baldwin, Conecuh, Crenshaw, Greene, Henry, Jackson, Limestone, Madison, Marshall, Tuskaloosa and Wilcox, sent in their reports, but failed in representation.

The counties of Chilton, Choctaw, Clarke and Colbert, failed both in representation and reports.

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The following Health Officers were present:

Cross, Benjamin Franklin, Decatur, Morgan county.
Franklin, Charles Higgs, Union Springs, Bullock county.
Hill, Samuel Henry, Carrollton, Pickens county.
Hoffman, John Richardson, Athens, Limestone county.
Hunter, John James, Wetumpka, Elmore county.
Webb, Robert Dickens, Livingston, Sumter county.
Winn, Henry Jasper, Birmingham, Jefferson county.

The following physicians were present and registered as visitors:

Chew, William Locke, Birmingham, Jefferson county.
Hughes, Brice Martin, Birmingham, Jefferson county.
Palmer, James G., Oak Bowery, Chambers county.
Ward, Edward Burton, Greensboro, Hale county.
Wyman, B. Leon, Birmingham, Jefferson county.

FRATERNAL MESSENGERS.

Drs. William Abram Love and V. H. Taliaferro, Atlanta, delegates from the Medical Association of the State of Georgia.

Grand Senior Counsellors, 16; Senior Counsellors, 16; Junior Counsellors, 20; Delegates, 44; Health Officers, 7; Visiting Physicians, 5; Fraternal Messengers, 2—Total, 111.

Drs. Peter Bryce, of Tuskaloosa; John Jefferson Dement, of Huntsville; John Brown Gaston, of Montgomery; Mortimer Harvey Jordan, of Birmingham; George Augustus Ketchum, of Mobile; Richard Fraser Michel, of Montgomery; Clifford Daniel Parke, of Selma; Benjamin Hogan Riggs, of Selma; Job Sobieski Weatherly, of Montgomery, ex-presidents, and Richard Mathew Fletcher, of Madison, junior vice-president, occupied seats on the rostrum.

There were present of the Board of Censors and Committee of Public Health: Drs. Peter Bryce, Jerome Cochran, Senior Censor; John Jefferson Dement, John Richardson Hoffman, George Augustus Ketchum, Benjamin Hogan Riggs, William Henry Sanders, Samuel Dibble Seelye, Job Sobieski Weatherly.

The Association was called to order by the President, Dr. Francis M. Peterson, of Greensboro, at 12 o'clock, noon.

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The exercises were opened with prayer by the Rev. Wallace Carnahan, Rector of Grace Church, Anniston.

After which Dr. Richard Proctor Huger, in behalf of the Committee of Arrangements, delivered the following—

ADDRESS OF WELCOME.

Mr. President, and Gentlemen of the Association:

Custom alone could not have induced me to stand up before an audience like this, every member of which has probably killed his man, and threaten you with a speech, but the rules of our society are imperative, and I am comforted by the reflection, that your slain were the victims of kindness. Notwithstanding my trepidation, I am glad that it becomes my distinguished privilege on this occasion, to welcome you to the town of Anniston and northeast Alabama, and in bidding you welcome, I speak not only for your brethren but the entire community, and venture the assertion that there are no men nearer the hearts of our people than the physicians of Alabama. Strange to say, however, when we try to love them in return, they become very shy. They allow us to carve them to our heart's content, swallow our poisons without question, but only let us recommend a little wholesome legislation for the protection of themselves and their families, and they immediately become uneasy and suspicious. Now I submit that for every effect there must be a cause, and as they surely cannot fear evil from those who have ever proved themselves the friends of all, from the puling infant in the age of pap, to the venerable sire in the fullness of years—they must be jealous of the rapid rate at which we are accumulating fortunes, and fear the disturbing influence of our wealth. It may have seemed selfish in us, gentlemen, to ask you to forego the refinement of the metropolis, the hospitable capital, warm hearted Selma and the other pleasant cities in which you have been in the habit of holding your meetings, to come to us, who could not hope to tender you such a reception as you would have received in the older communities. And although we are free to confess that the pleasure of your presence was a considerable motive, yet we recognized the fact that the members of the Association were not pleasure seekers, and we felt that there was a great work for you to do in this section of the State. Never before have you honored us with a visit, and no time could have been more auspicious than the present. Northeast Alabama has been no laggard in the race of life. When the bugle called to arms, she sent thousands of brave troops to the front, whose bleaching bones in the valley of Virginia, on the hills of Georgia, and upon many hard-fought fields prove their valor, their patriotism and devotion to duty. In statesmanship, too, she has done her full share. She has sent men to the National and State Legislatures, of whose record any son of Alabama might be proud. Her well tilled fields and bursting barns attest the skill and energy of her husbandmen. The bar, the pulpit and

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the bench have found some of their noblest representatives in the persons of her children. But as grand as is the past, her probable future taxes the mind to conceive. The evidences of thrift and progress which meet you here, do but indicate what we shall be when the robust spirit that built an Anniston shall wring from these iron-ribbed hills their untold treasures. Even now the eyes of the world are turning to her splendid resources and charming climate. In less than a score of years, perhaps, her fertile valleys will teem with an industrious and happy population, and her hillsides resound with the music of the spindle and the heavy blow of the hammer. A day of prosperity, of which the fathers never dreamed, is now lighting the eastern sky. Rosy dawn will soon kiss the mountain tops, and while the fresh breath of the morning awakes to life, and invites to labor, we would have you plant in this goodly land the tree of knowledge which may prove for generations yet unborn the tree of healing and the tree of life. When they come let them find that our noble calling, "whose chief corner stone is fidelity to the human race," had already embraced them in its benevolent spirit and catholic love.

No greater boon could you bequeath them, than a race of educated and accomplished physicians, thoroughly equipped for their warfare with death and disease. And though, perchance, it be not granted you to behold with mortal eyes, the result of your labor, remember that "he who is wholly devoted to the performance of his duty to his fellow men is no longer an ordinary man, but fit for the companionship of the gods." It is a startling and mysterious dispensation of providence, that the greatest benefactors of mankind, men whose deeds shine out like the stars in the firmament, have ever labored in the crucible of suffering. They lisped their letters in the school of adversity, and found in tribulation their alma mater. Continue then, gentlemen, your noble efforts to elevate the standard of medical education. If the present generation distrust you, posterity will read you aright, bless and honor you. No country is great whose medical profession is not also great. And it may be accepted as a rule, that the status of the medical profession in any country is the measure of the enlightenment and development of that country. I have only time upon this occasion, to formulate this statement, and appeal to your historical information, for its acceptance or rejection. Of course I do not for a moment claim that the importance of a nation directly depends upon its medical lore, but I think I am correct in saying that only those nations that stand among others, as giants among pigmies, have produced the masters in medicine, who have in turn richly endowed them with glory and fame. England has been and is great, but who of all the great men of great England have conferred more lasting blessings upon the human race than Jenner, Hunter and Harvey? Shakespeare will forever thrill the mind, and delight the imagination. Jenner throttled a scourge, and by the discovery of vaccination as a preventive of variola, saves to Europe annually, four hundred thousand lives, to say nothing of the blindness, and other deformities resulting from that most loathsome disease. Germany is great and has great physicians. Napoleon lead the armies of France to victory, made Europe tremble, and

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wrote his name in blood. Ambrose Pare taught mankind to bind a ligature around a bleeding vessel, and staunch the crimson tide. Pinel urged, at the peril of his life, that the insane were not devils incarnate, but human beings; struck the vile shackles from their aching limbs, lifted them from filthy and infernal dungeons, rehabilitated them as men, and gently ministered to their minds diseased. America is great, and who next to Washington and the other founders of the republic, have done more for the race than our American physicians? Webster, Clay and Calhoun dazzled the mental eyes of the country with their intellectual lightning. Did they more than our own triumvirate –McDowell, Sims and the discoverer of the anæsthetic properties of ether? Imagine, if you can, the anguish and misery of London for one day without chloroform and opium.

We sincerly trust that your meeting in Anniston may be ever memorable for the harmony of your discussions and the pleasant recollections of the occasion. Leaven our county societies with the spirit of your own high purpose and untiring energy, and enlist the hearts of our people in your crusade "against charlatanry, ignorance and every Moloch of destruction." May the results of your deliberations redound not only to your own advantage and increase of knowledge, but contribute largely to the relief of the sick and the suffering. And if to-day you miss the forms of loved ones, who have passed through the valley of death to the silent land, do not repine. Having run the race they rest from their labors and await the reward. What we see darkly, they see face to face. What we know in part, they know even as they are known. Take this noble thought for your comfort:

> "The hand that gave, gathers,
> What God has made, He never mars."

In behalf of the Calhoun County Medical Society and its membership, Dr. Washington Pearce, of Oxford, delivered the following—

ADDRESS OF WELCOME.

Mr. President, and Gentlemen of the Medical Association of the State of Alabama:

In behalf of the Medical Society of the county of Calhoun, not in a spirit of mere formality, but heartily and warmly, I welcome you in our midst. Before me I see gentlemen from almost every city, town, village and hamlet in the State. I say almost, for a large majority of the counties of the State have organized societies which are in sympathy and affiliation with the State Medical Association, and I sincerely hope ere long every county will have an organized society in good working order.

You have left your homes and daily avocations, and by your presence we feel assured that the great and important trusts confided to you by the enactment of the laws to regulate the practice of medicine, the collection of vital statistics, and for the direction and administration of scientific

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sanitary regulations, such as your judgments and high attainments in the profession of medicine and laws of health will dictate, the inhabitants of the great State of Alabama will, in the future, be a healthy, long-lived, happy and prosperous people.

We feel, gentlemen, that it is a great honor to have such men as compose the Medical Association of the State of Alabama visit our county, and especially the Calhoun County Society feels highly honored by your coming, and I assure you that we are in full sympathy with the aims and objects of your coming, and as individuals we shall all be benefitted by the experience and observation brought up from the various sections of the State to be cast as free-will offerings upon the altar of progress.

We feel assured that these annual convocations have a tendency to establish a closer and more intimate fraternity, comforting to the heart and conducive to the success of the great work in which we are engaged.

Gentlemen, may your sojourn with us be pleasant and profitable, and when you return to your homes and loved ones, may you each and every one enter with renewed energy to do battle with that great monster disease which is the inheritance of all mankind.

Again, gentlemen, I bid you welcome—yea, thrice welcome.

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THE ANNUAL MESSAGE OF THE PRESIDENT.

FRANCIS MARION PETERSON, M. D., GREENSBORO,

Senior Counsellor of the Medical Association of the State of Alabama.

Gentlemen of the Medical Association
of the State of Alabama:

I extend to you a most cordial greeting upon this happy return of another anniversary. Before proceeding to the duties of the hour, allow me to express my thanks to you, and my high appreciation of the extraordinary honor conferred upon me at your session in Greenville. My election to the presidency of the Association, in my absence, was at once a surprise and a gratification. This flattering compliment stirs my pride and ambition, which are only checked by the fear that I may not be able to discharge the many obligations incumbent upon me, in an acceptable manner, and thus fulfill the expectations of the partial friends who elevated me to this distinguished position. I am keenly sensible of my own incapacity, and I sincerely regret that one more competent, and more worthy of this high office, had not been selected. But, with a heart full of interest for the success and prosperity of the Association, and with an appeal to your generous forbearance, I now proceed to the work before me. The eminent gentlemen who have occupied the office of president since the adoption of the new constitution in 1873, have discussed the interests and objects and business of the Association so thoroughly, and with such profound ability, that little remains to be gleaned from these fields. This is notably true of the last message, which is an exhaustive presentation of these subjects. But

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in conformity with the established order, I place myself upon this Procrustean bed. The matter I may be able to present must necessarily be fragmentary and more or less stale, but shall be as practical and suggestive as possible.

We desire to enroll under our banner all of the regular physicians in Alabama. We want the old men, that we may have the wisdom that comes alone by experience. They should remember that advanced age does not absolve them from the duties of citizenship, nor should it so augment their modesty as to cause them to hide their light under a bushel. Let them come to the front and wear the laurels of their hard earned fame, and let no one raise the cry of "old fogy." They owe us the treasures which they have garnered to enrich our science, and their example to their younger brethren. We want the young men who are just entering the profession for their energy and activity and enterprise, and let no old fogy accuse them of being "too forward or too pert."

We invite all, young and old, and those at the half-way station in life, to join us. Individualism, as opposed to centripetal attraction, is to be overcome. We must recognize the fact that our common interests can be more certainly protected by organization and collective effort, and no man's liberty will be curtailed by this centralization. If the physicians of the State will become members of this Association, and enter heartily into its work, our scientific and public aims will soon be reached. Numbers will give us strength, and we will be able to command such legislative enactments as we need, and without mutilation or unnecessary delay. And we may be able to prevent adverse or unfriendly legislation. There are many desirable men who ought to belong to our organization, and must do so for their own advantage, as well as to assist us. We must unite our forces and move in solid phalanx, and not cut off about one-third of our number annually for non-payment of dues. When once a member of one of our societies there should be no way out of it, except by resignation or expul-

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sion. Let those who neglect or refuse to pay the annual dues, receive no copy of the Transactions, and not be allowed to vote, and not be eligible to any office. Some plan should be adopted by which we can hold our members. Not more than half the medical men of Alabama are members of our societies, notwithstanding our long and prosperous career. We must so cultivate the professional mind, in the State, as to make it apparent to every one that it is not only his duty, but to his highest and best interest to join us. Our Counsellors should be very active in this work. The objects for which we have formed our organization are of vast moment to our own welfare as well as to the public, and the physician who does not affiliate with his county society, or who takes no interest in it after having done so, is not doing his duty to himself, nor to his confrères, nor to the State, and is guilty of a much greater wrong than if he neglected his political obligations. There are many reasons which keep physicians out of the medical societies. These societies are, in some places, regarded as trades unions for the formation of fee-bills and for extorting large fees for services, and, consequently, are unpopular. Some physicians, seeing this state of things, think they promote their professional interest by not affiliating with them. They should enlighten the people on the objects of these societies, and show them that, instead of doing them any harm, they are contemplating and really carrying forward beneficent reforms of the greatest importance to the health and happiness of the community. No society should have anything to do with the establishment of fee-bills. There may be some who are afraid of the duties and responsibilities of the position, and if so they would not be considered desirable members, but let them be encouraged to come in, as we thus gain the prestige of numbers, and neutralize their opposition; and some who do not work well at first, may subsequently become valuable members. Some are doubtless deterred from uniting with us on account of the expense.

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Section IV, Article 8, of the constitution of the County Medical Societies provides, that "every member shall pay into the treasury an annual contribution of five dollars, which shall be due and payable on the first day of January of each year, and if it be not paid by the first meeting in April of each year, the defaulter shall forfeit his membership, and his name shall be stricken from the roll of members, and of this he shall be duly notified by the secretary." This fee is a small sum to many, and may not be regarded as a barrier to membership by such, but there are good men and respectable physicians, whose resources are not adequate to meet this small expense without injury to themselves or families. Let the annual contribution be reduced to the smallest possible sum. This is within the control of the county societies. The advantages of social intercourse, and the increase of knowledge through amicable discussion of medical subjects, and the elevation of professional character which comes from growth in the esteem of his fellows, more than outweigh, by tenfold, any expenditure of time and money attendant upon such association. The professional character and standing of every physician in the estimation of the world, are in direct ratio to the estimate placed upon him by his brethren. He must rise here first.

Section III, Article 4, of the constitution of the County Medical Societies declares, that "This Society adopts for the ethical guidance of its members, the Code of Ethics of the American Medical Association, together with such additional ethical rules as may be, from time to time, promulgated by said American Medical Association, and by the Medical Association of the State of Alabama." There may be some who are not willing to conform to the ethics of the profession, and hence are not willing to place themselves in a position in which the "ethical rules" can be brought to bear upon them. If there are such mean and despicable spirits, dishonoring the name of doctor, I call upon this Association to assist me in rising to the proper degree of contempt for them. They should be refused admittance

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into our societies and ostracized from all professional courtesy and recognition. Our code should be like "the law of the Medes and Persians, which altereth not."

There is not the proper amount of interest manifested in our local medical organizations, which greatly tend to improve the profession if properly encouraged. The success of the county societies generally depends upon the president. While he is very active they may be kept up. Instead of this state of things, every member should enlist most heartily in their support, and thus promote our science and enhance the interests of the members, morally, socially and intellectually. Thus a laudable *esprit de corps* may be established which will elevate us amongst ourselves, and thus, most surely, amongst the laity. Every physician in the State should contribute his whole influence in organizing and sustaining county medical societies. There can be no doubt that the best physicians are already with us or are now ready to affiliate with us. The time will come, and at no distant day, when the laity will begin to enquire the reason why their physicians are not in these societies, and will very naturally attribute it to want of capacity to stand *ad eundem gradum* with their brethren, and they will thus lose caste and influence.

EXAMINING BOARDS.

This Association has settled the matter of examinations for a certificate of qualification to enable any one to commence the practice of medicine in this State. If a graduate of a medical college, recognized by the Association, the party may apply to any of the County Boards for examination. If not a graduate, he must apply to the State Board of Medical Examiners. "All applicants who propose to practice the regular system of medicine shall be examined in all of the departments of medical science, namely: In human anatomy, in human physiology, in the elements of chemistry, organic and inorganic, in materia medica, in therapeutics, in pathology, in theoretical and practical med-

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icine, in theoretical and practical surgery, in the principles and practice of obstetrics, in public and private hygiene, in medical jurisprudence, and in medical ethics." If the examination, which is partly written and partly oral, is entirely satisfactory, a diploma is granted, if the examination has been conducted by the State Board, or a certificate, if by any of the County Boards.

This diploma or certificate must be registered in the office of the probate judge, in the county in which the party proposes to commence the practice of medicine.

"All applicants for examination who propose to practice some other than the regular system of medicine, shall be examined in chemistry, in anatomy, in physiology, and in the mechanism of labor." Here is an open door for the entrance of quackery. All persons who propose to engage in the practice of medicine in Alabama should undergo the same examination, and be treated exactly alike. It has been asserted by some irregular practitioners that the Examining Boards, composed of regular physicians, are prejudiced, and hence, that they are unfairly dealt with. This charge has no foundation, except in the imagination of some malcontent. I am sorry our Examining Boards are compelled to examine any but those who propose to practice regular medicine, and but for the danger of a large increase of this class of practitioners in case all legal restraints should be removed, this course would be advocated. All persons who propose to commence the study of medicine must be examined in the following departments of knowledge, namely: "In the grammar of the English language, in the general literature of the English language, in the general outlines of the history of the world, in the outlines of the history of the United States, in the elements of arithmetic, in the elements of algebra and geometry, in the elements of organic chemistry, and in the elements of physics or natural philosophy. This requirement is exceedingly lenient, and any man who could not give entire satisfaction in such an examination is unfit to enter a learned profes-

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sion. This is the point at which to intercept uneducated men and prevent their entrance into the profession. When once allowed to enter they will find some place in which to practice, in spite of all law.

Section III, sub-section 10, Book of the Rules, provides, "That the written examinations in the hand writing of the persons examined, in all cases coming before the county Boards of Medical Examiners, shall be forwarded from time to time, as the examinations are made, to the Senior Censor, for the supervision of the State Board of Medical Examiners." It will thus be seen that all examinations made by the county boards must be revised by the State Board. A short service in the State Board impressed me most decidedly as to the very great importance of this supervision.

(See Transactions Med. Ass. Ala., 1884, page 136, *et seq.*, for some unanswerable reasons in favor of this course.)

It has been considered proper to state the position of Alabama on the subject of examinations, which leaves nothing to be desired when faithfully performed. There have been inquiries in regard to the subject from many persons in different parts of the United States, showing the general interest which is felt in it. A movement has been made in some of the States to deprive the Medical Colleges of the power to grant degrees, and to transfer this authority to State Boards of Medical Examiners. This is not a new question, but has been agitating the public mind for several years. The time has come when it will probably be settled, at least, in some of the States. As there is danger of doing harm here, an expression of opinion in regard to it, is deemed not inappropriate. That hundreds of young men have received the degree of M. D., who are unqualified and unfit to assume the responsible duties of practitioners of medicine, is true. That it is easy to get charters from State Legislatures for Medical Colleges, and that they frequently abuse the power given them by turning out upon the community, ignorant men, and sometimes without principle,

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who jeopardize the lives and health of those who fall into their hands, is true. That the profession has a right to abate this evil is admitted. Would it cure this evil to appoint examining boards for each State, which should be clothed with the exclusive authority of granting diplomas after thorough examination? This question must be answered in the negative. Such boards could not know any thing of the habits of study, mental powers, and general conduct of those who applied for degrees. These are all well known to the teaching faculty. They are acquired by daily contact and questionings of the student. Long before the close of the lecture term, in our medical colleges, the status of every student is known from his sessional standing; and there is very little liability to a mistake on the part of an honest faculty in granting the degree. Teaching faculties are better qualified to make examinations and determine the qualifications of students than outsiders. Special boards, with no experience in making examinations, are not so well qualified to perform such duties, and would not and could not be able to determine between the merits of different candidates for the degree. The sharp and quick witted young man, who could answer questions readily and flippantly, after cramming from the compends, would pass with èclat, whereas the laborious student, whose knowledge might be greatly superior, but who answers perhaps slowly and hesitatingly, is rejected. These cases can alone be understood by their teachers. Who is so well acquainted with the progress of the student as his teacher? Who understands exactly how much latin or greek, or mathematics, he knows, but his teacher; and who is so well acquainted with him physically, morally and intellectually? Let the medical colleges examine their students and grant diplomas if they consider them worthy; and when they come to Alabama to practice their profession, let them go before any of the examining boards, established according to "An Act to Regulate the Practice of Medicine in Alabama," approved, February 9, 1877, and get a certificate to do so. The med-

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ical colleges are much more careful and strict in their examinations for the degree of M. D., than formerly, and when it is generally understood that their work is to be revised by State Boards, they will be on their guard against turning out incompetent men. Any interference on the part of the profession with the power of colleges to grant diplomas would be regarded as an unjust intermeddling with their rights, and would be very properly resented.

The wisdom and the necessity of examinations and the granting of degrees by the teaching faculties are so patent that no argument is necessary to prove it. Non-teaching boards of medical examiners have been established in twenty-eight States and Territories, and, it is sincerely hoped, will become universal. These boards have nothing whatever to do with examinations and granting of diplomas of teaching faculties. The certificate which is granted by the non-teaching boards to enable the subject to commence the practice of his profession should be revocable in grave violations of the code of ethics, as criminal abortion, &c., (this is not the case in this State, but it should be). This certificate should entitle the applicant to registration and to practice his profession, and not his diploma; but this latter document from a reputable medical college should be *sine qua non* to application to any board for examination.

There are many advantages in this arrangement. 1. The examining board has no interest whatever in passing or rejecting the subject, and would not be likely to grant certificates to those unfitted to receive them. Parties are thus examined for the army and naval medical service, and should be in every State where they propose to practice. 2. It would cause universal registration. 3. It would stimulate the teaching faculties, and elevate the standard of medical education in all of the colleges. 4. Such an examination would prevent many incompetent men from entering the profession, and thus gradually diminish the number in our over-crowded ranks. There are some minor objections which might be urged, but can not be compared to the good which would result.

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At the second annual meeting of the New York State Medical Association, held in New York, Nov. 17th, 18th, and 19th, 1885, the President, Dr. John P. Gray, in his address, dealt principally with the question of the State having the power to license doctors, and its effects upon medical schools. Schools of special education, as theological seminaries, law and medical schools, and institutions of technology, are sustained by private contributions. Such institutions receive no privileges or grants from the State, and medical colleges do not seek pecuniary assistance from such source. No immediate legislative interference is called for in the matter, either in the interests of medical schools or medical science. The State cannot adopt any particular school or system of medicine as against another, and hence has acknowledged the legal equality of the graduates of all schools. It has been claimed that the State should create an examining body, independent of the schools, and practically take away from corporate schools of medical learning, to which the State contributes nothing pecuniarily, the power to examine their own pupils. This would be an anomaly in political economy. The English and German governments are cited as precedents to encourage State interference. Our government, however, is not parental, and medical colleges are the property of private individuals. Medical students likewise pay for their education. The law to regulate the Practice of Medicine in the State of Alabama, is the most important one to the physicians, that has ever been enacted. "For the first time in the annals of American legislation, the right to practice medicine is virtually restricted to the members of the medical profession, and the medical profession is at the same time invested with the power to control the qualifications of its own members." (Book of the Rules, p. 89.)

This law provides for one board of medical examiners for the State, and one for each county, so that there need be no delay or difficulty in getting examinations. These boards, as before stated, must examine—1. All persons who pro-

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pose to commence the study of medicine. 2. All who propose to commence the practice of medicine and have received diplomas from reputable medical colleges. 3. The State Board may examine and license persons who seek admission into the regular profession without diplomas. The law has been successfully executed by our Association, and its constitutionality endorsed. It only remains for us to properly appreciate the high character of the functions we are called upon to perform. These examinations should always be conducted with deliberation and system, so that the qualifications of the applicant may be fully and thoroughly tested. There should be no favoritism nor deference to powerful family influence, nor tenderness for poverty, nor any other personal consideration. But the boards should be profoundly impressed with the important duties and responsibilities with which they are entrusted, and so maintain a high standard of attainments without fear or favor.

The profession is greatly over-crowded. Large additions are made every year without proper inquiry into educational or other qualifications to enter the profession. Inducements are held out to increase the number, as short lecture terms, nominal or very small fees, and a brief walk-over to the doctorate. Several thousand are added to our list annually, besides those who come to us from other countries. There are now twice, or perhaps three times as many doctors as are needed. The proportion to the number of the population is greater than in any other civilized country. Germany has one physician for every 3,000 of the population; Austria has one for every 2,500; Great Britain has one for every 1,652; France has one for every 1,814; Canada has one for every 1,193, and the United States has one for every 600! What a struggle for bread here!

It will thus be seen that the public good does not require any increase in our numbers. American physicians are, in many cases, poorly educated in literature and science, and a great many of them are not properly trained in medical

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science. The panacea for all of the evils is now in our hands, so far as Alabama is concerned. The law to regulate the practice of medicine must be enforced, requiring a liberal education as a prerequisite to the study of medicine, and an examination in all of the branches of medicine, taught in the schools, which shall be approved before allowing any man to practice, no matter how many diplomas he may have, nor where they may have been issued.

The same or a similar law should be enacted and enforced in every State in the the Union. And before proceeding to discuss any other subject, I wish to say that the constitution and ordinances of our Association have excited my admiration on every page of the Book of the Rules, as I have been compelled to study them during my administration. I am sure when they are properly understood they will challenge the respect and confidence of every member. Wisdom is apparent in every line, and as we proceed with the examination, we are struck with profound astonishment that this constitution and these ordinances and laws, so thoroughly adapted to our wants, should be the product of the brain of one man. They may not be perfect, but if strictly enforced, they will advance the Association to a condition of prosperity unprecedented in the history of such organizations. Let no iconclast seek to destroy the magnificent structure which has been reared, unless he has Aladin's lamp, or possesses the wisdom of the gods. I am not the sycophantic eulogist of any man, but I stand here to tell the truth. Let us support our institution, and if objectionable features are discovered in it at any time, let them be brought before this body and repealed if necessary. But let us not in the future exhibit the absurd spectacle of the frogs in the fable, of sending a third petition to Jupiter for a King! "*Sapientia prima est stultitia caruisse.*"

VITAL STATISTICS.

The law for the collection of vital statistics has been on trial about five years, and most strenuous efforts have been

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made by the State Health Officer to have it faithfully executed. No man ever worked more earnestly and diligently and perseveringly than he has done to have the law properly enforced. The following statement from the State Health Officer, which was received on the 20th November, 1885, will show the confidence he has in the ultimate success of the law: "The improvement in the last two years has been very great, and we may hope that in the next two years it will be still greater. There was never so much interest taken in it as now. Two counties already profess to make perfect reports, and twenty others are rapidly advancing to that point." The importance of the collection of the vital statistics does not admit of any question, and no argument is necessary to prove it. Registration of births and deaths is indispensable to a correct estimate of the sanitary condition of any country. There is even now a great deal of prejudice against this law, chiefly, I apprehend, for the reason that it is not understood. But the greatest difficulty in the way of the successful enforcement of it is the fact that there is no suitable compensation for the work. It requires a great deal of time and labor, and some expenditure of money to collect the vital statistics of a county. In many of the counties no provision is made to pay for this service and meet the necessary expenses; and in those counties which have consented to pay something, the amount, in nearly every case, is wholly inadequate as an equivalent for the work. In England the office of registrar-general was created in 1836, and the registration of marriages and births and deaths was commenced July 1st, 1837, under an act of Parliament passed during that year. "The first of the series of yearly reports was published in 1839, having been prepared by Dr. William Farr," who has continued from that time until recently to direct the statistical department of the registrar-general's office. The registration law was amended from time to time until 1874, when a new law was enacted, which went into effect on the first of January, 1875, compelling parents, under

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penalty, to record births and deaths within a limited period of time. It is stated that registration had been defective for thirty years, but that the new law affords the means of complete returns, and the only means of doing so.

EDUCATION IN ALABAMA.

The educational facilities within the reach of our young men make it easier for us to reach our high conception of what is proper preparation for the study of medicine. Outside of what Alabama has conceded to the general government for the maintenance of the Federal Union, she is an independent sovereign State, called into being for the protection and development of her people. These great ends can be best attained by the education of the children born and reared within her bounds. With this conviction fixed in the minds of her legislators, ample provision has been made for education. Her common school system embraces every child in the State, from the mountains to the gulf. All who will, can receive in these schools, the rudiments of a good English education. The better to carry out the provisions made for the children, Normal schools have been established for the training of the teachers who are to impart instruction in our public schools. And to crown the whole with success, the University of Alabama has been established at Tuskaloosa, the Agricultural and Mechanical College has been founded at Auburn, while three of the leading christian denominations of the State have established schools of their own. The Baptists have a college at Marion, and the Catholics have one at Spring Hill near Mobile, and the Methodist Episcopal Church, South, is proud of the Southern University, located at Greensboro. What better educational advantages could the people of this great commonwealth reasonably desire? Surely with such help as these institutions afford no child should be reared in ignorance, and no young man should enter upon the study of medicine without ample literary preparation. An education can be obtained at nominal

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cost, and is within the reach of any man who has energy and pluck. And there is no reason, on account of poverty or other excuse, that should hasten the termination of their probationary studies. Many students are unwilling to devote the time and labor indispensable to the acquisition of an education, and hence enter upon the study of the profession with very superficial and inadequate preparation. It is rarely possible to repair the deficiency, and it must prove a life-long source of perplexity and embarrassment. Youth is the only time in life of a large majority of men that can be conveniently spared from lucrative pursuits. Let the county boards of medical examiners do their duty and stop uneducated men at the threshold.

THE MEDICAL COLLEGE OF ALABAMA.

This institution was founded by Dr. J. C. Nott, and went into operation two years before the war under the most favorable auspices, and with flattering prospects. A donation of fifty thousand dollars was made to it by the State, which amount was largely increased by contributions of the citizens of Mobile, and by members of the original faculty, with which a large and commodious and beautiful college edifice was erected, with spacious halls, large lecture rooms, and rooms for chemical laboratory, museum, materia collection, practical anatomy, &c. The museum, which is the pride of the college, was selected in various parts of Europe by Dr. Nott, at a cost of more than fifty thousand dollars, and is one of the largest and best in the United States, and contains everything necessary for illustrating the various branches of medicine. The exercises of the school were suspended by the war and were not resumed until three years after its close, owing to the fact that the building was occupied by the federal authorities. The faculty regained possession in 1868, and in the fall of the same year resumed work. Since that time annual sessions have been held and various improvements have been made. The faculty consists of fourteen physicians, representing all of the branches

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of ordinary medical teaching. Amongst them are several men of large experience, and some of the best known and most skillful physicians and surgeons in the South.

A chair of pharmacy has also been established in connection with the college, which is presided over by an able practical pharmaceutist, who is a regular graduate in this branch. Here is an opportunity for our young druggists to receive proper instruction and training in their business and at very small cost.

The expenses in the medical department are very moderate for a first-class college. In consideration of the donation of fifty thousand dollars, made by the State to the college, the charter requires the faculty to educate perpetually, one indigent and worthy young man from each county of the State free of cost. This the faculty are doing in good faith, and they are always glad to welcome young men who come within the provisions of the charter. The standard of graduation is as high as it is possible to place it in the present state of medical education in this country, and higher than most of the colleges. It is an important fact, and one of which the faculty should feel proud, that but few of their graduates have failed before the county boards of medical examiners, when a large amount of the patronage has come from this State. It is certain that the proportion of failures, according to the number examined, is much greater from other colleges. The institution is thoroughly equipped in every department for instruction in the various branches of medicine and with ample means of illustrating the lectures.

The city hospital, which is under the control of the faculty, is thrown freely open to the students; besides, they have access to the outdoor dispensaries at the college. The number of medical students in attendance during the session of 1885-86 was one hundred and twenty, and the prospects for the future are bright. This is the medical college of our State, officered by our brethren of this Asssociation, who teach the practice that every physician

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must learn who exercises his art in the South. If the physicians of Alabama will put their shoulders under this institution they can give it a large increase of success and usefulness, and make it a source of pride, not only to the profession, but to every citizen of the State. What I have said is entirely unsolicited by any member of the faculty or any other person, and is of my own free-will and accord.

MEDICINE AS A SCIENCE.

Medicine is one of the great divisions of human culture. Covering all of the physical sciences and working in strict accordance with scientific methods, it is entitled to be ranked as a science. From inquiries amongst lawyers, and theologians, and representatives of the press, and men in high official positions, and in all stations in life, I find there is a very inadequate estimate of the magnitude of our science, and of its sublime mysteries, and of the voluminous studies which it involves, and the variety of learning which it requires. And there is considerable scepticism even amongst intelligent people as to its general beneficence! It is charged by some that it is an empiricism, and there are a few who affect to believe that it is mere charlatanry, "an art founded in conjecture and improved by murder, a jumble of inconsistent opinions, of hypotheses without reason, and of theories not only useless but dangerous," &c. A cursory examination of the curriculum of studies for the degree of doctor of medicine would convince the most skeptical of the absurdity of such charges. Anatomy, physiology, obstetrics, surgery, chemistry, materia medica and general therapeutics, are on a scientific basis. Pathology and special therapeutics are rapidly advancing to that point. Medical jurisprudence "teaches the application of every branch of medical knowledge to the purposes of the law." Public and private hygiene take cognizance of the conditions which affect the growth and development of individuals and of nations, and of the preservation of health, and may be considered as coextensive with biology, including sociology.

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This science is yet in its infancy, nevertheless there are enough facts and principles classified and established to entitle it to be considered a science. In the treatment of diseases the science of medicine culminates and becomes an art. All of the sciences so briefly mentioned are indispensable to the practitioner of the art. Enormous advances have been made in the last decade in the institutes of medicine; physiology, general pathology, therapeutics, and hygiene, and indeed, in nearly all of the correlative and collateral branches of the science. It is a very considerable task to master all of these sciences, but nothing short of a thorough acquaintance with them will enable medical men to attain the highest success in the treatment of diseases. It is not asserted that great stores of knowledge will necessarily bring success, for, unfortunately, this is not true, but where combined with good judgment and practical skill, will constitute the highest type of a physician. The opposite opinion, which is entertained by many persons even in this enlightened age, that comparative ignorance is to be preferred to great learning in a physician, is absurd. The practice of medicine is advancing rapidly; due, mainly, to the more definite knowledge of the pathology of diseases, and to the better arrangement and classification of remedies, and to new principles and methods of therapeutics.

The prevention of variola by vaccination is an accomplished fact, accepted by the majority of the intelligent people of the world. The nurses and hospital employes in the great small-pox epidemic at Montreal, in 1885, were vaccinated, and according to a published statement, not one of them had the disease. Compulsory vaccination should be enforced everywhere. Small-pox should be regarded as a crime. As the bacteric etiology of the infectious diseases becomes established, they will be prevented from spreading, or will be rendered mild and managable by inoculation with a modified virus of the disease.

Pasteur has succeeded in protecting flocks and herds from charbon, and domestic fowls from cholera, and has

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recently announced that he can prevent and cure rabies. Great confidence has been manifested in the last discovery, and thousands have been flocking to him for relief. Dr. Ferran has been experimenting with the microbe of cholera, which was discovered by Koch, and claims that he has proved the efficacy of the inoculation of the attenuated cholera virus, as a preventive measure. He was strongly endorsed by Drs. Comenge and Duhoureau, who state that the preventive inoculation was tried on a large scale in Alcira when cholera was prevalent. Out of a population of sixteen thousand, 5,432 were inoculated, seven only took the disease, had it in a mild form, and recovered, whereas of the remainder, sixty-four had the disease and thirty died. The commission appointed to examine the pretensions of Dr. Ferran made an unfavorable report, and he doubtless failed to establish the prophylactic efficacy of his inoculations, but he has directed attention to the subject, and some more fortunate discoverer may, finally, succeed. Drs. Freire and Carmons have again called attention to successful inoculation in yellow fever. I fear their claim will not be verified, but the commission of Dr. Holt or some other investigation may ultimately achieve success

Parasitism and Bacteriology are destined to occupy a prominent place in the future pathology of specific diseases. The discovery and employment of instruments of precision in the diagnosis of diseases; the collective investigation of diseases; the collective investigation of therapeutic agents; the discovery of new methods of introducing medicines into the system, are important steps towards establishing the practice of medicine upon a scientific basis, which I would like to present if the discussion could be considered apposite to this occasion. A glance at the discoveries and improvements in the science and art of medicine will show that the present century has been more prolific than any in all of the ages.

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THE MEDICAL PROFESSION.

There are some eccentric characters in our profession who declare that they have no confidence in the efficacy of drugs, in the cure or mitigation of diseases. They may be termed therapeutic nihilists. Such persons do the profession very great injury by creating distrust of it in the minds of those who are incapable of forming an opinion of it, except through its representatives. They should abandon the practice at once, as they do themselves, and the sick who fall into their hands, flagrant injustice, by employing treatment in which they have no confidence.

This is not always from ignorance, however. It seems to be the natural order of some minds to doubt everything, and it is not uncommon for a certain class of persons to think that a little skepticism is evidence of superior mental endowments. There is another class of practitioners which may be denominated therapeutic positiveists; who, from ignorance or unnatural credulity, believe that all diseases are curable with drugs. Every disease in the long catalogue, which has baffled skill and science, is reduced to a simple "*veni, vidi, vici.*" I would recommend a happy mean between the extremes mentioned. There are other absurdities which might be noticed if time permitted. The power of genius and learning may somtimes elevate the doctor to considerable renown, but there are very few avenues to distinction open to the medical profession. It is said that Law is the stepping stone to political preferment, and common observation proves it. Nearly all of the senators and representatives in Congress are lawyers, and this is true of all legislative bodies. The members of the legal profession may aspire to any office in this country. Medicine is the stepping stone to nothing but hard work, self-sacrifice and martyrdom. The only prize which comes to the most laborious worker is a large practice, which is acquired as youthful strength is waning, and soon exhausts his remaining vitality. He is under the weight of an immense responsibility, and his reward on earth is often—ingratitude. He

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has no time for social enjoyment, no time for Sabbath privileges, no time for sleep. Night and day, toil. No time for anything but work—work; until the constant mental tension snaps the thread of life, and the soul is launched into eternity. With what emotions of sorrow do we contemplate the fate of the distinguished physician and surgeon of Nashville, Tennessee, who was summoned from his couch at early dawn, and pushed his way through fog and mist to the sick chamber, to fall dead by the side of his patient!

As we turn the tablets of memory, how many names of the great and noble of our vocation do we find who have fallen victims to over-work. Every physician of much practice becomes a *necessitarian*, and makes up his mind to forego all of the pleasures of life for the sake of being useful to his kind. Why so many young men seek to enter this profession is a matter of constant astonishment to me. There must be something of missionary zeal which actuates them. It is not an easy profession, but requires long and hard study—the novitiate being much longer than in any other profession. It is expensive to learn, and not lucrative, except in rare instances. A few may be impelled by the spirit of scientific investigation or prompted by a desire to lead an honorable and useful life. The doctor must grow familiar with mental and physical suffering, and must see humanity stripped of pride and all fictitious ornament, and undergoing the last fearful change from the erect and god-like image—the living temple of an enshrined divinity—to the inanimate dust. In looking over the field we are impressed that medicine is the most profound study that can engage the attention of the most cultivated intellect, "but like other professions whose offices are called for by the disagreeable incidents of humanity, it is only tolerated as a necessity."

But in looking back upon the labors and sacrifices and triumphs of our predecessors, we, who are now in the field, are not content to rest upon the garnered and winnowed treasures of the past, but receive the rich heritage and push

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forward. While toiling on with our self imposed burdens, we find our hearts seeking sympathy from the other liberal professions. There should be a community of interests between us, but I am sorry to see on the part of the press a disposition to parade differences of opinion amongst us, which must arise in all professions, and to disparage legitimate medicine, and to put the worst construction upon all charges against us, &c. In the case of President Garfield, there was a great deal of ungenerous criticism on the part of the press. It may be that his case was not treated with consummate skill in every respect, yet his life was certainly prolonged by the means employed. The wound was a fatal one, and no amount of skill could have changed the result. In the case of General Grant, many of the newspapers became very facetious at the expense of the attending physicians who had pronounced the disease epithelioma, and had made an unfavorable prognosis. At one time there was marked amelioration of the symptoms, and the press pronounced the disease simple ulcerated sore throat, and heralded to the world that General Grant was getting well in spite of the fatal prognosis of the doctors. There is not an intelligent physician in the United States who did not know the disease would prove fatal if correctly diagnosticated, and this they had no reason to doubt. The conductors of the press are generally men of ability and liberal education and culture, and exert great influence with the educated classes, and hence, can do our profession a great deal of harm if so inclined. We deprecate their wit and ridicule, and hope they will in future be more liberal in praise than in censure. The increasing benefits of our science to the world, are now so manifest as to compel favorable notice of our claims, and may hereafter prevent adverse criticism.

Our relations with the reverend clergy have ever been of the most harmonious and cordial character. They have been the special favorites of medical men in all ages, and the recipients of their gratuitous services. In times of

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great epidemics, when life falls an easy pray to the remorseless hand of death, they are our best allies, and show the heroism which their sacred calling can alone inspire. They are injuring us however—unwittingly, I must believe—in giving their influence in favor of secret nostrums. Their names are seen on placards which deface the fences and trees on all of the lines of travel in this country. This may be from innate goodness of heart and with no intention of doing wrong, but when assured by us that they are aiding imposture and humbuggery, and assisting charlatans and knaves to filch the hard earnings from their people with no compensating benefit, we should see reform. As educated men, and ministers of the gospel they are leaders in society, and their influence is almost supreme. When they recommend a patent medicine or endorse the pretentions of a quack, the physician is powerless to counteract the influence. The vast sum of money which is expended for nostrums—uselessly expended—worse than thrown away—would support all of the missionary enterprizes of all of the churches, and send the gospel of peace to the last inhabitant of heathendom. How many hundreds of thousands are made drunkards by the vile compounds, which are sold under the name of "bitters," and which are composed chiefly of mean whisky, the revelations of eternity alone can determine. And the various lung balsams, and consumption cures, and cough balsams and syrups, are doing almost as much injury in making opium habituès, as they all contain more or less morphine or other opiate.

If all of the patent medicine in the world were thrown into the ocean, and a law enacted prohibiting forever the manufacture and sale of them, there would be such an improvement in the health and longevity of the people as to constitute a new era. It would hasten the millennium. Our clerical friends are doing more through their personal influence, and through the papers representing the various churches, to support and enlarge the patent medicine business than any other agency. They are injuring themselves

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and the cause which they represent by this course. Some measures should be adopted by the christian denominations to stop this great evil.

The legal profession are more friendly to us than formerly. They certainly can have no feelings of jealously against us, as we are never in the way of their political aspirations. They are fond of speaking of our science as a system of guessing—an empiricism, &c. To form an estimate of the scientific (?) position of law, it is only necessary to look at the decisions of the highest tribunals, and to see the cases which are reversed, and the majority and minority reports of the learned officials. But after all we have to urge against the law, we acknowledge allegiance to its high authority, and it is to our highest interest, and, I doubt not, it is the purpose of every doctor in the State to cultivate the most friendly relations with the lawyers, because they not only make the laws, but execute them, and we need their protection. And, with the theologians, we desire to cultivate the most cordial feelings of friendship, as we constantly need their help and their prayers in our struggles with the grim monster.

But we need protection against each other more than from any outside foe. The laity would rarely attack us if not incited to do so by some traitor in our own ranks. There are acute or chronic antagonisms in every town or village or neighborhood where there are two or more doctors. And they are not confined to the more humble in the profession, but extend to the dignitaries in the great cities. The panacea for all of these evils is in a strict observance of the Code of Ethics of the American Medical Association. Let this be our oracle; let us adhere to it in letter and spirit, and antagonisms will cease, and physicians will have increased respect for their profession and for themselves, and there will be a large increase of respect for us by all classes of the outside world. The code is just and appeals to every hightoned physician in the land to support it. I am glad of an opportunity of placing myself on record in

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favor of the old code. It should be religiously observed by every doctor in the United States. Let those who refuse to support it without a better reason than has thus far been given, "step down and out." It must and will be sustained despite factious opposition from any quarter. May we not indulge the hope that all discordant feelings and views will, ere long, disappear from amongst us, and that we may unite in supporting the honor and dignity and usefulness of the medical profession, and see peace, harmony and good will everywhere prevail? "So mote it be."

INTEMPERANCE.

Our Association has taken no decided stand on the subject of intemperance. This may be wise and conservative. But I may be allowed to express the opinion that drunkenness is one of the greatest curses of our country. It involves the commission of more murders and other crimes than any other malign influence. It is more dreadful and destructive than "the pestilence that walketh in darkness."

When a man bows at this shrine he brings upon himself all of the ills of life. When this vice invades the sanctuary of home, happiness takes its flight forever. The most splendid physical and intellectual manhood falls into decay and disgrace under its upas touch—

> "For him no more the blazing hearth shall burn,
> Or busy housewife ply her evening care;
> No children run to lisp their sire's return,
> Or climb his knees the envied kiss to share."

One-half, or perhaps a larger portion of mankind, believe that the moderate use of alcoholic liquors aids digestion or benefits the health in some way, and the idea of their being injurious when taken moderately, is not entertained. I formulate the following propositions as the result of my professional experience: 1. Alcoholic liquors are never necessary in health. 2. They are always injurious in health in any dose. 3. They are never necessary as a food for man any more than they are for the lower animals. 4. They

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do not warm and give strength to the body, but diminish both. 5. They do not increase the powers of resistance and the endurance of mental and physical fatigue. 6. They do not increase mental vigor. 7. They do not give tone to the heart, but the accelerated action, which is always temporary, is followed by a reduction of tonicity. 8. They may for a short time increase nerve tension, but are followed by relaxation and debility, and the nervous system is more quickly worn out under their influence. 9. They build up no tissue in the body, but in some cases they cause a deposition of adipose tissue which is a source of weakness and destruction to the heart and to all other muscles. 10. They are specially harmful to brain workers who take but little exercise. 11. They produce a tendency to apoplexia and paralysis. 12. They are never necessary nor in the least beneficial in a physiological condition of the system, in any quantity, either large or small, but are often beneficial in disease in which they should be prescribed by an expert. As medicine they are often very important, and whilst every possible restriction should be thrown around their improper sale and use, physicians should be able to obtain them as readily and easily as quinine or other leading articles of the *materia medica.*

RELIGION.

The *Religia Medici* of Sir Thomas Brown had its origin in a desire to counteract the tendency to atheism in our profession. "*Ubi tres medici duo athei*" were his significant words. If to place himself upon the altar and sacrifice health and every pleasure which the command of his time secures, and at last even life itself, constitute religion, the doctor stands at the head of the list in his chances for heaven. And this is all of religion that many of us have, and there are not a few who consider this all that is requisite. I make no apology for saying that something more than this is necessary. We owe a spiritual duty to God, and a profound

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reverence for His character, an absolute faith which bridges the chasm between that which is seen and known, and the unseen and unknowable. But of all men, in all of the professions in life, the doctor has most difficulty in exercising this saving faith. Promises and pledges made to him in the exhilaration of convalescence, are violated as soon as the vigor of health returns. And there is so much that is not reliable in text-books and treaties which he is compelled to read, and also in the current literature of the profession, that he finally doubts everything, almost his own clinical experience. When the near approach of the angel of death kindles piety that vanishes before the return of health, what wonder that he doubts the beneficence of misery or the utility of religious sentiment. When he goes into the dissecting room and sees the mortal remains of his fellows in all states of mutilation made by the hand of science in search of knowledge, he loses the perception that this is not all—only the casket for the immortal soul. In his professional rounds amongst the poor and miserable of earth, the debauched from every sin which can be committed, he questions whether these have been ennobled with an immortal principle and whether the image of God which has now faded was ever stamped upon them. The spirit of charity and general benevolence is growing and bearing rich fruit, but I am sorry to believe that the tendency is not only to a decline in faith, but to agnosticism.

Every doctor who wishes to attain the highest success in his profession, should cultivate faith in God and implore His aid in all of his laudable undertakings. He should lay the foundation of character upon this rock, and when the rains descend and the floods come, it will stand fast.

A PERMANENT HOME FOR THE ASSOCIATION.

One more suggestion before closing. The Medical Association of the State of Alabama is without a home. We move from town to town upon the invitation of kind doctors.

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Why not locate our institution and build for ourselves a home—a place for our annual sessions, Board of Health, Library and Archives? Montgomery, the capital of the State, and possessing every desirable advantage, should be selected. We should begin at once to accumulate a fund for this purpose. The location will give permanency and character to the Association.

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REPORT OF LUCIUS ERNEST STARR, M. D., OF CAMDEN,

Senior Vice-President and Grand Senior Counsellor of the Medical Association of the State of Alabama.

Gentlemen of the Medical Association:

Immediately after the adjournment of the Greenville session, I was assigned by our President that portion of the State south of the southern boundary of the counties of Pickens, Tuscaloosa, Coosa, and Chambers, as the field of my operation for the year; thus dividing the State about equally between the two Vice-Presidents.

Upon inquiry, it was found that all the counties in the territory had been organized, except Baldwin, Dale, Escambia, Geneva, Covington, Russell and Washington. I attempted a correspondence with the Profession in these counties, in some of which I succeeded, in others, after repeated efforts, I could get no response.

I have obtained the names of the practicing physicians in the counties of Baldwin, Washington, Dale, Russell, and Escambia, which have been handed to the Senior Censor, in order that they may be inserted in the forthcoming Transactions, for future reference.

I have succeeded in organizing Baldwin, which makes application for charter in due form, at this meeting of the Association.

There are others, it is thought, may be organized in course of time, and some of them very soon. The disorganized county of Greene, has been in the hands of the Senior Censor, as per action of the last meeting of the Association. The organized counties have received a good share of my attention, but with little apparent result. From the rela-

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tions that have been sustained to the local societies for the past year, we are fully persuaded that the great difficulty in the way of efficient work by them is the want of unanimity of action, and the great prevalence of little petty animosities between different members of the profession. Now, this is not as it should be; the profession should work together in unity, in their every day professional duties, and then there would be free and friendly intercourse in the local societies. We can, however, congratulate ourselves upon the absence of these animosities in the State Association. Now, it is an easy matter to be gentlemen, so far as our professional intercourse is concerned, and if all would study and act upon the code of ethics of the "American Medical Association," which this Association has adopted, we would be gentlemen, and readily see that we could not materially err in our professional courtesies to each other, and our duties to the public. A man is not always a bad man because some one tells us that he has treated us unprofessionally; he may have done so, or he may not; and if he did, it may not have been intentional. No man is infallible, and we feel sure, that if our actions should be thus prompted in some of the organized counties, and some that are not organized, material progress in them, and in the State Association, would rapidly ensue.

Reports from fifty-two counties of the State were received at our last meeting, thirty-five of which are in good working order, and making earnest efforts to comply with the requirements of the Association. The remaining seventeen are not entirely idle, but making some effort at efficiency, which is hoped and believed, will be increased until such a degree of perfection will have been reached that the law to regulate the practice of medicine in the State will be faithfully carried out, and the collection of vital statistics in Alabama be available not only for scientific purposes, but also to show to the outside world that Alabama will compare favorably with other localities, as regards health, and thus invite to our State those that are seeking healthful

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homes, and suitable localities for investments, and at the same time give a guarantee of an able, intelligent, and faithful medical profession, upon whom they may implicitly rely when the necessity for their use exists. It will be a proud day for the profession, and for the people of Alabama, when we have thus succeeded in complying with the full measure of the duties that lay out before us. These duties were at first self-imposed, but by the action of the general assembly they are now obligatory, as they should be, and it is our duty thus to look upon it, and, like men, like good citizens, put our shoulders to the wheel and push on this work until our profession and our people will have realized the great benefit that will inevitably accrue from the perfection of this work. Other States have done more for the profession and people, in a sanitary sense, than Alabama, but Alabama has done all she has been asked to do by us, and will do more, so soon as we show by the efficacy of our work that we deserve it. We ask nothing for ourselves, we work for the people, and in this way work for the elevation of the profession; when we best serve the people it is when we are best prepared to do so, by our intelligent and deep research in the science of medicine. Then, let us exert ourselves to every effort possible and improve the advantages given us by the State, by educating the profession and the people to the importance of caring for the public health, and keeping from our midst those preventable diseases that annually destroy so many valuable lives in our State. The State has shown her liberality in educating her people, and we can rest assured that she will equally do so in caring for their sanitary condition when conversant with her duty. It has been estimated that the life of every able-bodied and industrious man is worth to the State a cash valuation of $1600, and if this be true, the stamping out of only one epidemic of preventable disease, would give us a large credit against the debit account of the State for expenditures for the State Board of Health—for the saving of the life of one able-bodied, industrious man, would retain to the State the

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amount sufficient, save $200, to pay the salary of our health officer for twelve months.

By the collection of vital statistics and the enforcing of sanitary laws, it has been discovered in the present century that the average duration of human life can be prolonged, and thus years of usefulness added to the lives of people, and material aid rendered the State's industrial resources. Upon this line we feel confident that it would be easy to show that great benefits have already accrued to the State for what she has done. We could go on and mention inducements without number why we should push forward this work, but it seems nearer to our province at this time to show how it can be done, as this seems to be the difficulty with those counties that are so delinquent.

It would be comparatively an easy matter to do the work if each member of the profession, in a given county, would do each his part. But it is impossible for one man, without compensation, to do it, for it would take all his time to the exclusion of other business, and it would be too much to ask a county to appropriate an amount sufficient to defray such an expense. Nor would this be necessary, for each physician in the State is an assistant health officer, each one under the law of the State and of the Association has his special duties, and it so happens that he, of all others, is better fitted for the work, as he is always in the right place to do it; his every day life is with the people, and his privileges are great; they enable him to instruct the public in its duty as regards the collection of vital statistics and in relation to sanitary arrangements of houses and premises, and thus to create a public sentiment in favor of the work we have undertaken. The health officer of each county could accomplish much by circulars scattered over the county containing information in regard to the collection of vital statistics as prescribed by the law of the State, and the penalty attached for failure.

It is wonderful the amount of success that has been attained in those counties where each member of the pro-

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fession has exerted himself in this work. Then let each one in each county in the State resolve to do, and it will not be long before our efforts will be crowned with a degree of success that now seems to many unattainable.

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REPORT OF RICHARD MATHEW FLETCHER, M. D., OF MADISON,

Junior Vice-President and Senior Counsellor of the Medical Association of the State of Alabama.

Mr. President and Gentlemen of the Medical Association:

In submitting this, my annual report, I will state that I found the work assigned the Vice-Presidents of this Association not only an important work, but one that is environed with many difficulties, and one that will require time, patience, energy and perseverance for its accomplishment.

In the department assigned me I found nine counties unorganized, viz: Lauderdale, Franklin, Marion, Sanford, Winston, Marshall, Cherokee, Clay and Talladega. Upon obtaining this information I wrote to the judge of probate in each of these counties, setting forth the great importance of county organization and the resultant good that would accrue to the people, as well as to the medical profession. I politely asked to be furnished with the names and post-office address of several of the most intelligent and prominent physicians in their respective counties. The judges of Clay and Cherokee counties honored me with a reply, and sent me the names and address of several of their doctors. I immediately wrote the following circular letter to each of these gentlemen:

My Dear Doctor—The Medical Association of the State of Alabama has made it my duty as one of its official members to look after the interest of the Association in all of its unorganized counties in my department of the State. We are exceedingly anxious to form medical societies in every county in the State, and we ask most earnestly your co-operation and influence. This is an important matter, doctor, and worthy of your most serious consideration. If we can get every man in the profession personally interested, we believe the work will undoubtedly be accomplished. I would be glad if you would confer with the medical men of your

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county, and write me as to the result of your labors. It is desirable that you organize and apply for a charter at the Anniston session of the Association, which will convene on the 13th of April next.

I am sorry to report that I never received a line from any one of these men. Whilst this looks discouraging, we should not in the least be dismayed. I have great faith in the integrity of our purposes and in the justice of our cause. The work will finally be done, if we have no dissentions in our own ranks. It may be slow, but it will be sure, if wise counsels, harmonious action and united effort characterize our deliberations. This Association is doing a grand and noble work, and if we are true to ourselves, we will erect a monument and leave a heritage to the State of Alabama, of which she will be proud.

I am glad to report that the counties of Talladega, Marshall and Cullman have organized societies, and will apply for charters at this session of the Association.

In the work of county organization I have not been as fruitful in my labors as I would like to have been. In my home work in Madison county I have had better results. The law to regulate the practice of medicine has been fully complied with, both as to the letter and spirit. The law for the collection of vital statistics has been complied with in a much more satisfactory manner than heretofore, though not as yet by any means have we been able to get the reports as full and perfect as they should be. The collection of vital statistics is a knotty question, a problem of difficult solution. This work, if properly done, will have to be done by medical men, and by medical men alone. It can and will be if every health officer and assistant health officer in the State will do their whole duty. In the county of Madison we are doing efficient work; we have quite doubled our membership, and we are still laboring to get every respectable physician in the county to become a member of our society. If we can get up large medical societies in every county in the State and have the law for

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the collection of vital statistics frequently, fully and earnestly discussed before the members, the doctors would not only be instructed, but would also be made to feel and see the importance of the work and the need of coöperation and individual effort in order to successfully accomplish it. The administration of the law providing for the collection of vital statistics and the supervision of public health has imposed upon individual members, as well as this Association, grave, important and difficult duties. To meet these duties and fulfill our obligations with profit and credit to ourselves, I invoke harmonious and coöperative action on the part of this body.

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THE REVISION OF THE MINUTES OF THE SESSION OF 1885.

The revision of the minutes of the session of 1885 was next in order, and under that head the Senior Censor reported the following list of errors and corrections:

(1) On page 243, at the end of the paragraph numbered (2) on the margin, occurs the phrase, "that a further continuance of the investigation be continued another year." Here the words, "a further continuance of" should evidently be stricken out. The paragraph would then read as follows: "It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Crenshaw County Medical Society be approved by the Association, and the investigation continued another year."

(2) On pages 243 and 244, the paragraph numbered (4) on the margin is incoherent and utterly insusceptible of grammatical analysis.

It should be reconstructed by omitting the word "and" from the beginning of the 5th line from the bottom of page 243; and also by the omission of the phrase "be approved by the Association," from the end of the 2nd line from the top of page 244. It would then read as follows: "It was moved by the Senior Censor that the recommendation of the Board of Censors in regard to the Greene County Medical Society be approved by the Association; that the further consideration of the surrender of its charter be postponed until the next annual session of the Association; and that in the meantime the proper officers of the Association shall take the matter in hand and endeavor to make some arrangement by which the Greene County Medical Society shall be continued as a member of our organization."

(3) On page 244, the paragraph numbered (8) on the margin is not an accurate statement of the motion made by the Senior Censor, is incoherent in expression, and utterly insusceptible of grammatical analysis. It should be reconstructed somewhat as follows: "It was moved by the Senior Censor, that in view of the statement made in regard to the Transactions on hand, the Board of Censors be authorized to appeal to the members of the Association for contributions of such surplus copies of the Transactions as they may be able to spare."

(4) On page 246, the paragraph numbered (15) on the margin does not accurately express the motion made by the Senior Censor; and it is besides utterly insusceptible of grammatical analysis. It should be reconstructed somewhat as follows: "It was moved by the Senior Censor that

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the recommendation of the Board of Censors, to have the authority granted them last year to call a sanitary convention of the people, indefinitely continued so that they may call such convention at any time, be approved by the Association."

(5) On page 246, the paragraph marked (16) on the margin, does not accurately express the motion made by the Senior Censor; and it is, besides, utterly incoherent and insusceptible of grammatical analysis. It should be reconstructed somewhat as follows: "It was moved by the Senior Censor, that the recommendation of the Board of Censors in regard to the communication of the New Jersey Medical Society on the preliminary examination of persons proposing to begin the study of medicine, be approved by the Association."

(6) On page 247, the paragraph numbered (19) in the margin, does not accurately represent the motion made by the Senior Censor; and it is, besides, insusceptible of grammatical analysis. It should be reconstructed somewhat as follows: "It was moved by the Senior Censor, that the recommendation of the Board of Censors, that the Secretary should proceed to post up to date certain sections of the Book of the Rolls, now several years in arrears, be approved by the Association."

(7) On page 247, the paragraph marked (21) in the margin, does not correctly express the motion made by the Senior Censor. It should be reconstructed somewhat as follows: "It was moved by the Senior Censor, that the recommendation of the Board of Censors in regard to the Book of Accounts of the Treasurer, be approved by the Association."

(8) On page 252, in the 11th line from the bottom, the word "ten" should be "five," as the Senior Counsellors serve five years, as such, and not ten before they are transferred to the roll of the Grand Seniors.

(9) On page 314, the name of Dr. Henry Bascom Ward, of Sumter county, is improperly omitted from its place in the roll of the Senior Counsellors, and should be thereunto restored.

(10) On page 316, in the roll of the officers, the name of one of the Vice-Presidents is printed as "William Matthew Fletcher." But it was "Richard Matthew Fletcher," that was elected to the Vice-Presidency.

(11) On page 316, "Dr. William Henry Anderson, of Mobile," is announced as a member of the Board of Censors. But this should be changed to Dr. William Henry Johnston, of Selma, since Dr. Anderson is not a member of the Board of Censors, and Dr. Johnston is.

Dr. Benj. J. Baldwin, of Montgomery, said: Mr. President, I wish to say I am opposed to the method Dr. Cochran pursues in correcting the minutes. He said, in his report just read, "that any shrewd lawyer who should happen to look over our annual Transactions, would be horrified to find subjects without predicates, and predicates without subjects."

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In reply I would ask if that same shrewd lawyer would look into the following volume to find that these so-called glaring mistakes had been corrected? I think not. What then is the use of burdening each successive volume with errors which occur in a former one; especially since that volume had been sent into States many miles distant and read by hundreds who may never see its successor?

The revision, to my mind, is done at the wrong time. Let the mistakes be corrected when the matter is in the proof-sheets, and then the volume will be benefitted. The Senior Censor has both time and opportunity to confer with the Secretary, and thereby avoid all these errors before the volume goes to the printer for final arrangement. I think most of you will agree with me that that is the only way to intelligently revise the minutes, and that Dr. Cochran's revision is entirely out of place.

Dr. W. H. Sanders, of Mobile, moved that the corrections of the minutes as published in the last volume of the Transactions of this Association, as just submitted by the Senior Censor, be referred to the Board of Censors with the view of having some plan devised and recommended by which similar errors in the minutes hereafter may be prevented. Passed.

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THE ANNUAL REPORT OF THE SECRETARY.

To the President of the Medical Association of the State of Alabama:

SIR—I have the honor to present herewith, a statement of my official work, as your Secretary, for the past twelve months. Respectfully,

T. A. MEANS, M. D., *Secretary.*

EXCHANGES—RECEIVED THROUGH THIS OFFICE.

The year just closed has been fruitful of large additions, by gift and exchange, to your already rapidly increasing library. These have been passed to the State Health Officer, to be properly filed and indexed, and embrace the following, namely:

1. Connecticut; Proceedings of the Medical Society, Ninety-Fourth Annual Convention, held at Hartford, May 27-8, 1885; New Series, Vol. III, No. 2.
2. Delaware; Minutes of the Medical Society. Ninety-Fifth Annual Session. Wilmington, June 10, 1884.
3. Florida; Proceedings of the Medical Association, 1885.
4. Georgia; Atlanta Medical and Surgical Journal, March, December, 1884; January, April, May, June, July, August, September, October, November, December, 1885; January, February March and April 1886.
5. Illinois; (a) Proceedings of the State Board of Health; quarterly Meeting, April and July, 1885.

(b) Seventh Annual Report of the State Board of Health, 1885.

(c) National Conference State Board of Health, 1885.

(d) Official Register of Physicians and Midwives from 1877 to 1884.

(e) Fourth Annual Report of the Board of Pharmacy, 1885.

6. Iowa; (a) Third Biennial Report of the State Board of Health, June 30, 1885.

(b) Health Laws, 1885.

7. Indiana; Transactions of the State Medical Society; Thirty-Fifth Annual Session. Indianapolis, April 21-2-3, 1885.
8. Louisiana; Transactions of the State Medical Society; Seventh Annual Session. New Orleans, April 21-2-3, 1885.
9. Maine; Transactions of the Medical Association, 1885.
10. Maryland; (a) Transactions of the Medical and Chirurgical Faculty of the State; Eighty-Seventh Annual Session. Baltimore, 1885.

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11. Massachusetts; Medical Communication of the Medical Society, Vol. xii, No. iv, 1885.
12. Marine Hospital Service; (a) Annual Report of the Supervising Surgeon General, 1885-6.
(b) Answer of the Surgeon General to the National Board of Health, March 12, 1884.
13. Michigan; (a) Transactions of the State Medical Society, 1885.
(b) Proceedings and Addresses at the Sanitary Convention, held at Hillsdale, April 17, 18.
(c) East Sanginaw, December 2-3, 1884.
(d) Lansing, March 19-20.
(e) Ypsilanti, June, July, 1885.
(f) Twelfth Annual Report of the Secretary of the State Board of Health, September 30, 1884.
14. Minnesota; Transactions State Medical Society, 1885.
15. Mississippi; Transactions State Medical Association, 1885.
16. Missouri; Transactions Medical Association. St. Joseph, May 12-13, 1884.
17. National Board of Health. United States Consular Report. Cholera in Europe, 1884.
18. Nebraska; Proceedings of the State Medical Society. Seventh Annual Session. Grand Rapids, May 26-8, 1885.
19. New Hampshire; (a) Transactions Medical Society; Ninety-Fifth Annual Session. Concord, June 16-17, 1885.
(b) Fourth Annual Session State Board of Health, April 30, 1885.
20. New Jersey; Transactions Medical Society, 1885.
21. New York; Quarterly Bulletin of the Clinical Society, Post Graduate Medical School and Hospital, August, 1885.
22. North Carolina; Sanitary Engineering, by Wm. Cane; 2d. Edition.
23. Oregon; Proceedings of the 29th Annual Meeting of the State Medical Society. Portland, June 8, 9, 10, 1885, Vol. XII.
24. Pennsylvania; (a) Report Board of Health, City of Reading, 1884.
(b) Transactions Medical Society, 35th Annual Session. Philadelphia, 1884.
25. Rhode Island; Transactions Medical Society, Vol. III, Part II, 1884.
26. South Carolina; Transactions of the State Medical Association, 35th Annual Session. Charleston, April 21-2-3, 1885.
27. Tennessee; (a) Transactions of the Medical Society, Fifty-Second Annual Meeting. Nashville, 1885.
(b) Second Report of the State Board of Health, October, 1880, and December, 1884. Nashville, 1885.
28. Texas; Transactions State Medical Association; Seventh Annual Session. Houston, April 21-2-3, 1885.
29. Washington, D. C.; (a) Report State Health Officer, 1884.
(b) Report of the Treasury, on the Administration of the Quarantine Service, and the Epidemic Fund, 1884.
(c) Annual Report National Board of Health, 1884.

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30. Missouri; (a) Transactions of the State Medical Society, 1885.
(b) Ninth Report of the State Board of Health, 1885.
31. West Virginia; Transactions Medical Society; Eighteenth Annual Session. Weston, May 20-1, 1885.

BOOKS AND PAMPHLETS RECEIVED THROUGH THE STATE HEALTH OFFICE.

DEPARTMENT OF THE INTERIOR, WASHINGTON, March 31, 1885.

SIR: I have the honor to send to your address, by registered mail, this day, the following named document:

Cretaceous and Tertiary Floras. Lesquereux, Vol. 8. Final Reports. Hayden.

Very respectfully,

H. L. MULDROW, *Secretary.*

Alabama State Medical Library,
Care DR. JEROME COCHRAN,
Montgomery, Ala.

DEPARTMENT OF THE INTERIOR, WASHINGTON, D. C., June 9, 1885.

The Librarian of the State Board of Health, Montgomery, Ala.:

SIR: I have the honor to send by registered mail, to the above named library, as a depository of public documents, one sack containing one copy each of the following named publications of the Government:

FORTY-SEVENTH CONGRESS—FIRST SESSION.

Senate Executive Documents, Vol. 2, Nos. 37 to 70, inclusive, except No. 40.
Senate Executive Documents, Vol. 3, No. 49; Report of the U. S. Coast and Geodetic Survey, 1881.
Senate Miscellaneous Documents, Vol. 3, No. 110; Report of the Commissioner of Fish and Fisheries, 1881.
Senate Miscellaneous Documents, Vol. 4, Nos. 116 to 133, inclusive, except Nos. 123 and 124.
House Executive Documents, Vol. 2, No. 1. part 2, Vol. 1; Report of Secretary of War, 1881.
House Executive Documents, Vol. 11, No. 1, part 5, Vol. 3; Second Annual Report of the United States Geological Survey.
House Executive Documents, Vol. 20, Nos. 87 to 116, inclusive.
House Executive Documents, Vol. 22, Nos. 122 to 192, inclusive.
House Miscellaneous Documents, Vol. 12, Nos. 28 to 46, inclusive.
House Miscellaneous Documents, Vol. 17, part 2; Atlas accompanying Report of the Geology of the Comstock Lode.
House Miscellaneous Documents, Vol. 20, No. 61; Second Annual Report of the Bureau of Ethnology.
House Miscellaneous Documents, Vol. 25, No. 65; Cotton and Woolen Mills of Europe.

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FORTY-SEVENTH CONGRESS—SECOND SESSION.

Senate Executive Document, Vol. 1, part 2, No. 5; Report of the National Board of Health, 1882.

Senate Miscellaneous Documents, Vol. 1, Nos. 1 to 51, inclusive, except Nos. 18, 32, and 46.

Senate Miscellaneous Documents, Vol. 4, No. 46; Report of the Commissioner of Fish and Fisheries, 1882.

House Executive Documents, Vol. 2, No. 1, part 2, Vol. 1; Report of the Secretary of War, 1882.

House Executive Documents, Vol. 12, No. 1, part 5, Vol. 3; Third Annual Report of the U. S. Geological Survey.

House Executive Documents, Vol. 13, No. 1, part 5, Vol. 4; Report of the Commissioner of Education, 1882-'83.

House Executive Documents, Vol. 20, No. 71; Report of the Commissioner of Patents, 1882.

House Miscellaneous Documents, Vol. 4, part 2, No. 20, part 1; Report of Board of U. S. Executive Departments at the Centennial Exhibition, Vol. 1.

House Miscellaneous Documents, Vol. 5, No. 26; Report of the Smithsonian Institution, 1882.

House Miscellaneous Documents, Vol. 15, No. 44; Third Report of the U. S. Entomological Commission.

House Miscellaneous Documents, Vol. 17, No. 45, part 2; Land Laws of the U. S., Vol. 1.

House Miscellaneous Documents, Vol. 18, No. 45, part 3; Land Laws of the U. S., Vol. 2.

Very Respectfully,

H. L. MULDROW, *Acting Secretary.*

DEPARTMENT OF THE INTERIOR, WASHINGTON, D. C., October 13, 1885.

The Librarian of the State Board of Health, Montgomery, Alabama:

SIR: I have the honor to send by registered mail to the above named library, as a depository of public documents, one sack containing one copy each of the following named publications of the Government:

FORTY-SEVENTH CONGRESS—FIRST SESSION.

Senate Reports, Vol. 4, Nos. 589 to 878.

House Executive Documents, Vol. 4, No. 1, part 2, Engineers, 1881, part 2.

House Executive Documents, Vol. 16, No. 5, Estimates of Appropriations.

House Executive Documents, No. 6, Indian Disbursements, 1881.

House Executive Documents, Vol. —, No. 62, Report of Commissioner of Patents, 1881.

House Executive Documents, Vol. 17, No. 7, Commerce and Navigation, 1881.

House Executive Documents, Vol. 23, Nos. 193 to 227, except Nos. 219 and 226.

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House Miscellaneous Documents, Vol. 2, No. 8, Estimates of Appropriations for District of Columbia.

House Miscellaneous Documents, No. 53, List of Private Land Claims.

House Miscellaneous Documents, Vol. 15, No. 50, The Copper Bearing Rocks of Lake Superior.

FORTY-SEVENTH CONGRESS—SECOND SESSION.

Senate Miscellaneous Documents, Vol. 2, No. 18, Bill to reduce Internal Revenue Taxation, with proposed amendments.

House Executive Documents, Vol. 4, No. 1, part 2, Engineers, 1882, part 2.

House Executive Document, Vol. 5, No. 1, part 2, Engineers, 1882, part 3.

House Executive Document, Vol. 9, No. 1, part 4, Report Postmaster General, 1882.

House Executive Document, Vol. 11, No. 1, part 5, Report of Secretary of the Interior, 1882, Vol. 2.

House Executive Document, Vol. 23, No. 105, Cruise of Steamer Corwin.

House Executive Document, No. 107, Report on Internal Communication.

House Executive Document, No. 107, Report on Interoceanic Communication.

House Executive Document, Vol. 24, No. 106, Report of Director of the Mint, 1882.

House Executive Document, No. 108, Report on Loss of Steamer Jeanette.

House Miscellaneous Documents, Vol 13, No. 42, part 7, Census 1880, Vol. 7.

House Miscellaneous Documents, Vol. 13, No. 42, part 9, Census 1880, Vol. 9.

Maps accompanying Vol. 9. (Portfolio.)

House Miscellaneous Documents, Vol. 13, No. 42, part 10, Census 1880, Vol. 10.

House Miscellaneous Documents, Vol. 13, No. 42, part 11, Census 1880, Vol. 11.

House Miscellaneous Documents, Vol. 19, No. 45, part 4, History of the Public Domain.

FORTY-EIGHTH CONGRESS—SECOND SESSION.

Senate Journal.

House Journal.

Very respectfully,

H. L. MULDROW,

First Assistant Secretary.

CONGRESSIONAL REPORTS—SENATE DOCUMENTS.

First session, 47th Congress, 1881-2, Vols. 1, 5, 6.

First session, 47th Congress, 1882-3, Vol. 2.

Second session, 47th Congress, 1882-3, Vols. 1, 2.

SENATE REPORTS.

Second session, 47th Congress, 1882-3, Vol. 2.

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HOUSE—MISCELLANEOUS.

First session, 47th Congress, 1881-2, Vols. 16, 21, 22, 26.
Second session, 47th Congress, 1882-3, Vols. 4, 4, (part 2d) 13, 14.

EXECUTIVE DOCUMENTS.

Second session, 47th Congress, 1882-3, Vols. 6, 16, 17.
First session, 48th Congress, 1883-4, Vols. 4, 9, 10, 29.
Forty-ninth Congress, Congressional Directory.

JOURNAL.

The Medical Brief, January, 1886.
The Atlanta Medical and Surgical Journal, December and March, 1884; December, 1885.
The New York Analyst, March, April, May, June, July and August, 1885.
The Sanitary News, June, July, August, September, November and December, 1883; January, February, March, April and August, 1884; January, February, October and December, 1885.
Disinfection and Disinfectants; Preliminary Report made by the Committee on Disinfectants of the American Public Health Association.
Anticipating Cholera; Transactions of the American Public Health Association and National Conference of the State Board of Health. By Hon. Erastus Brooks.
Hints on Digestion; A brief Resume of the latest Physiological Investigations.
An act to create State and local Boards of Health, and to regulate Practice of Medicine of the State of Kansas.
The Quarantine System. By Joseph Holt, M. D.
Cholera in Europe in 1884; Reports from Consuls of the United States.
The Sanitary Relief of New Orleans. By Joseph Holt, M. D.
Report upon Yellow Fever in Louisiana in 1878, and subsequently. By Samuel M. Bemiss, M. D.
The Organization and Management of Public Libraries. By W. F. Poole.
American Public Health Association, 1885; 13th annual meeting, December, 1885.
Biennial Report of the Alabama Insane Hospital at Tuskaloosa for the years 1883-4.
The Treatment of Hæmorrhagic Malarial Fever. By J. M. Turpin, M. D., Forkland, Ala.
The Sanitary Monitor, July, August, September, October, November and December, 1885.
The Annals of Hygiene, July, August, September, October, November and December, 1884.
The Planet, November and December, 1883; January and February, 1884.
The Virginia Medical Monthly, Nos. 5, 9.
The Florida Medical and Surgical Journal, Nos. 1, 2.
The Sanitarian, February, 1884; November and December, 1885.

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The Dominion, April, May and June, 1884.
The Medical Review, March, April and August, 1884.
The Medical Student, December, 1883.
Indoors and Outdoors, May, 1883.
The Medical World, February, 1884.
Prospectus of a new work on Physiology, entitled, "Natural Philosophy of the Body." By W. H. Triplett.
Address delivered before the Florida Medical Association, session of 1885. By Dr. J. P. Wall, President.
Shadows in the Ethics of the International Medical College. By Levi Coope Lane, A. M., M. D.
State Board of Health of Kentucky; Precautions to be used against Cholera.
The Pensacola Yellow Fever of 1882. By R. B. Hargis.
Yellow Fever in Vera Cruz and Colon in 1882, and the Louisiana State Board of Health thereon in 1882-3. By Stanford E. Chaille, M. D.
An act to regulate and further define the Convict System of Alabama.
Prevention of Cholera; Circular issued by the Wisconsin State Board of Health, July, 1884.
Dextro-Quinine Formulary.
Hydatid Tumors in the Brain. By R. H. Reid, M. D.
Jequerity (Arbus Precatorius) in the treatment of granular lids. By LeRoy Pope Walker, M. D.
The Political Reformation of 1884; A Demonstrative Campaign Book.
A letter from the Secretary of the State Board of Health to the selectmen of towns and to local boards of health.
Circular to the Health Officers of the towns of Connecticut on the prevention and control of small-pox.
The American System of Practical Medicine.
Extractum Pancreatis; its use as a remedy, and in the preparation of peptonized milk, &c., for the sick.
The Physiology of Digestion with reference to the treatment of its functional disorders.
On Infant Foods; a lecture delivered by Prof. A. R. Leeds.
Abscess of Maxillary Sinus caused by Syphilis. By John D. Davis, M. D., Birmingham, Ala.
Malarial Amblyopia. By John D. Davis, M. D., Birmingham, Ala.
A letter from the Secretary of Connecticut State Board of Health to the selectmen of towns and to local boards of health.
Twelfth Annual Report of the Board of Health of the city of New Haven, Conn., 1884.
Sixth Annual Report of the State Board of Health of South Carolina for the year ending October, 1885.
Sixth Annual Report of the State Board of Health Lunacy and Charity of Massachusetts.
New Hampshire; Fourth Annual Report of the State Boad of Health, 1885.

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Connecticut ; Seventh Annual Report of the State Board of Health for the year ending November, 1884.

Supplement to the Sixth Annual Report of the State Board of Health, Lunacy and Charity of Massachusetts.

Iowa ; Report of the State Board of Health, 1885.

Anatomical Technology, as applied to the domestic cat. By B. G. Wilder, B. S., M. D.

Handy Atlas of the World.

Some conditions of advanced life in which the Syrups of Hypophosphites is beneficial.

A reply to an offensive paragraph. By D. W. Yandell, of Louisville.

Hygienic Physiology, with special reference to the use of Alcoholic drinks and Narcotics.

Ingluvin ; To the Medical Profession only.

Treaties on a new scientific process of preserving pure cow's milk.

Report of the application of Hydrochlorate of Cocaine.

An act for the preservation of the Public Health and the Registration of Vital Statistics, New York.

The Manufacturer and Industrial Gazette, November, 1883.

The American Business Guide, February, 1884.

The Medical Review, Vol. 3, No. 7.

Fort Wayne Journal of Medical Sciences, Vol. 4, No. 1.

The Medical Bulletin, August, 1885.

American Meteorological Journal, May, 1884, and November, 1885.

Daniel's Medical Journal, November, 1885.

The Eclectic Medical Journal, July, 1885.

St. Louis Medical and Surgical Journal, March, 1885.

Nashville Journal of Medicine and Surgery, August, 1884.

New York Medical Abstract, January and June, 1885.

Buffalo Medical and Surgical Journal, July, 1883.

The Journal of Materia Medica, March and April, 1885.

Monographia Syphilitica, June, 1884. By G. W. McDade.

Alabama Weather Service, October and November, 1884 ; January, February, March, September, October and November, 1885.

Special Papers of the Weather Service. By Capt. W. H. Gardner, of Mobile.

Public Health in Minnesota ; the official publication of the State Board of Health, May, June, July, August, October and November, 1885, Nos. 1, 3, 4, 5, 6, 7, 8, 9.

State Board of Health Bulletin, and Report of the Tennessee Weather Service, July, August, September, October and November, 1885, Nos. 1, 2, 3, 4, 5.

Indiana ; Public Health, Vital Statistics, 1884.

Illinois State Board of Health ; Conspectus of Colleges.

New Hampshire ; Transactions of the Medical Society at the ninety-fifth annual session, Concord, June, 1885.

Report of the Proceedings of the Illinois State Board of Health ; quarterly meeting January 17 and 18, 1884, and October 29 and 30, 1885.

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Report of the Proceedings of the Tennessee State Board of Health ; quarterly meeting January 6 and July 7, 1885.

Sixth Annual Report of the Board of Health of the Taxing District of Shelby county, city of Memphis, 1884.

Illinois State Board of Health, official register, 1884.

State Board of Health of Tennessee, 1880-84.

Seventh Annual Report of the State Board of Health of Rhode Island for the year ending December 31, 1884.

Wisconsin ; Report of the State Board of Health, 1884.

Georgia ; Annual Report of Augusta, comprising the Mayor's Address, &c., 1884.

The Ohio Sanitary Association, second annual meeting, held at Columbus February 5 and 6, 1885.

Massage ; the latest handmaid of medicine. By Henry Lea, A. M., M. D., Philadelphia.

Report of the Joint Committee of the Commercial Bodies of New Orleans to the United States, Mexican, Central and South American Commission, December 30, 1884.

A word in regard to the Pennsylvania State Board of Health Bill. By R. Harvey Reed, M. D.

Defense against Cholera and other preventable diseases.

Circular letter of the Wisconsin State Board of Health. A letter from the State Board of Health relative to the prevention and control of small-pox in Missouri.

Disinfection of Rags ; communication of the Health Officers of the Port of New York to the New York City Board of Health.

Diptheria : its prevention and restriction ; Small-pox ; its prevention and restriction ; Typhoid Fever ; its prevention and restriction.

Hints of Building School Houses.

Open letter from Dr. E. W. Jelks to Dr. W. S. Davis.

Manitoba Crop Bulletin, Nos. 8, 10, 11.

The Digestion of Starchy Food, with accompanying table and notes of the experiments.

Suggestions for the restriction and prevention of Diptheria. Presented by the State Board of Health of Wisconsin.

Minnesota from the stand-point of Public Health.

The Joint History of the eighth International Medical Congress. By D. B. Delevan, M. D.

Address of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania.

An act to establish a State Board of Health, for the better protection of life, etc., in Pennsylvania Read before the Committee of Public Health of the House of Representatives in the matter of the consideration by the Committee of the House Bill, No. 2785. Argument of J. Colman.

Report of the Secretary of the Treasury on the administration of the National Quarantine Service and the Epidemic Fund.

The U. S. Marine Hospital Service and Quarantine.

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Peptonized milk as a curative agent in Acute Dyspepsia. By J. W. Brannon, A. M., M. D.

Wood's Library of Standard Medical Authors, 1885.

A Clinical illustration of the value of combining motion with extension in the treatment of disease of the Hip Joint.

Registration of births, marriages, divorces and deaths in New Hampshire for the year 1883.

Prevention and restriction of Cholera, issued by the Iowa State Board of Health, 1884.

A Reply to the letter of Dr. Joseph Holt on steam as a disinfectant.

Dr. Henry Gibbons. "In Memoriam."

Biennial Report of the Inspectors of the Alabama Penitentiary to the Governor, 1884.

Smithsonian Reports, 1883.

(a) Report of the Department of Agriculture, statistics and health of the Province of Manitoba, 1883.

(b) Statutes of Manitoba, passed in the session in the 47th year of the reign of her Majesty, Queen Victoria, 1884.

Annual Report of the supervising Surgeon-General of the Marine Hospital Service for the fiscal year, 1884.

Message and Documents, 1883-4.

Condensed statement of mortality in the city of Nashville, accompanied by daily meterological observations for the month of March, April, May, June, July, August, September, October and November, 1885.

Weekly statement of mortality, City of New Orleans, for the weeks ending September 5, 12, 19, 26; October 3, 10, 17, 24, 31; November 7, 14, 28; December 19, 1885, and January 2, 19, 1886.

Board of Health City of Mobile; monthly statement of mortality for the months of March, April, May, June, July, August, September, October and November, 1885.

Board of Health City of New Haven; monthly statement of mortality for the months of March, April, May, June, July, September, October, November and December, 1885.

Monthly Reports of the Registrar of Vital Statistics of Selma, 1885.

Mortuary Reports of St. Paul, Minnesota, for the months of March, April, May, June, July and August, 1885.

Monthly Circulars of the California State Board of Health, September, October and November, 1885.

Health Department District of Columbia; statement of births, marriages and deaths, February and July, 1885.

Health Department Macon, Ga., Mortuary Report, August, 1885.

Condensed statement of mortality in the City of St. Paul, Minn., for the months of September and October, 1884, and December, 1885.

Meterological observations for the Health Department of the City of New York for the weeks ending January 10, 17, 24, 31; February 14, 21, 28; May 7, 14; July 25; August 1, 8, 15, 22, 29; September 4, 12, 19, 26; October 3, 10, 17, 24, 31, and November 7, 14, 21, 1885.

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Abstracts of Reports of deaths and their causes in the districts, cities and towns of New York during the months of January, February, March, June, August, September, October and November, 1885.

Books forwarded to the State Health Officer by Dr. Benj. H. Riggs, of Selma, Ex-President of the Association:

Transactions of the Medical Association State of Alabama for 1875-79.
Transactions of the Maine Medical Association, 1876-77-79.
Transactions of the Michigan State Medical Society, 1876-78.
The Kentucky State Medical Society, 1878.
New Hampshire State Medical Society, 1882.
Medical and Chirurgical Faculty of Maryland, 1879-82.
Proceedings Connecticut Medical Society, 1879.

THE CHARTERS

Granted, upon the recommendation of the Board of Censors at the Greenville session to the counties of Clarke, Coffee and DeKalb, were filled out and forwarded with the seal of the Association to their respective secretaries soon after the adjournment of the last session.

THE PUBLISHING COMMITTEE.

The Proceedings of the Association, (the 38th annual session,) held at Greenville, April 14-17, inclusive, were handed to the printer in manuscript Thursday, May 29th, 1885, and 850 copies were ordered published, at a cost of $1,231.60.

I have had printed for the use of the Association—

1884	1700 Postal cards (notices)	$21 50
	200 Certificate forms, 2, 3	7 00
	100 Postal cards (official)	1 00
1885	500 Postal cards (notices)	6 50
	1000 Envelopes	2 00
	1200 Circulars (Secretary)	7 50
	Total	$45 50

CORRESPONDENCE.

GAINESVILLE, FLA., December 14, 1885.

DR. T. A. MEANS, *Montgomery, Alabama:*

MY DEAR DOCTOR: I trust it is not too late to extend to you and to the Medical Association of the State of Alabama, my thanks for the large, handsome, and very valuable volume of Transactions for 1885.

I have perused it with more interest than any new book, or Medical journal I have had during the year. It stands, in my opinion, unequalled by any similar volume gotten up by any Medical Association in the United States. It reflects great credit upon the profession of your State, and de-

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monstrates a zeal and ability that is uncommon, and such thorough organization that renders your Association "a power in the land." If I can do anything in our own State Association, in its forming stage, as it were, that will tend to render our organization more like yours, I will feel that I have not labored in vain. Your organic law is a model that the medical profession of any State might imitate with advantage.

Long may you prosper and grow. And may you individually, and collectively, be honored and rewarded as you richly deserve, is the wish of

Yours, very truly,

N. D. PHILLIPS.

AMERICAN MEDICAL ASSOCIATION, PHILADELPHIA, March 31, 1886.

DR. T. A. MEANS, *Secretary:*

DEAR DOCTOR: Please read the accompanying communication to your State Society at its next session, and deliver to applicants for membership in the American Medical Association the blanks which I send you, and oblige,

Yours, very truly,

RICHARD J. DUNGLISON,
Treasurer of the American Medical Association.

AMERICAN MEDICAL ASSOCIATION, PHILADELPHIA, March 31, 1886.

To the Members of the State Medical Society:

GENTLEMEN:—At a recent meeting of the American Medical Association, an Amendment to the Constitution was adopted, which provides that membership in the Association shall be obtainable by any member of a State or County Medical Society recognized by the Association, upon application endorsed by the President and Secretary of said Society; and shall be retained so long as he shall remain in good standing in his Society, and shall pay his annual dues to the Association.

Application for membership, accompanied with Five Dollars for annual dues, should be sent directly to the Treasurer of the American Medical Association, on receipt of which the weekly Journal of the Association will be regularly forwarded. The Secretary of your State Medical Society is provided with blank forms, which he will supply to those gentlemen who may desire to become members of the Association.

Yours respectfully,

RICHARD J. DUNGLISON,
Treasurer of the American Medical Association.

THE ROLLS AND RECORDS—THE BOOK OF THE ROLLS.

The work of getting up the Book of the Rolls, as recommended by the Board of Censors, at the last meeting of the Association, held in Greenville, April, 1885, has been completed; the entries embracing a period of twelve years, namely, from 1874 to 1886.

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THE BOOK OF PORTRAITS

Contains cabinet size photos of forty Counsellors. There are two Grand Senior, and eighteen Senior Counsellors entitled to position in the Book, but who have not yet availed themselves of the opportunity.

THE BOOK OF THE DEAD

Has but one additional entry since my last report, namely: Dr. William Thomas McAllister, of Marion, Perry county. The total number transferred from the Book of Portraits to the Book of the Dead, is eight.

Twelve hundred copies of the following circular was distributed March 1st, to Counsellors, Correspondents, officers and members of the various County Medical Societies, and to the profession throughout the State:

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

"*Nos Etiam Speravimus Meliroa.*"

OFFICE OF THE SECRETARY, Montgomery, March 1, 1886.

The Annual Session of the Medical Association of the State of Alabama for the current year, will be held in the town of Anniston, Calhoun county, Alabama, commencing on the second Tuesday in April (13), 1886, at 12 o'clock noon, and will continue four days.

Every County Medical Society is required by the Constitution of the Association to send to every Annual Session two (2) Delegates to represent its interest and wishes, together with the annual fee of one dollar for every one of its members, not a Counsellor or a Delegate. Members paying this fee will receive copies of the Transactions in return.

Every County Medical Society is also required by the Constitution and Ordinances of the Association, to send up an annual report in relation to current status and work; said report to contain the following items of information, namely:

First,—The revised Registers of the County Societies, and of the practitioners of the county who are not members of the Society, both regular and irregular.

Second,—A full account of the work of the Society, number of meetings held, average attendance, papers read, etc.

Third,—An account of the work done by the Board of Censors—as Censors—as a Board of Medical Examiners, and as a Committee of Public Health.

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Heretofore many of these Reports have been made out in a very perfunctory and unsatisfactory way. It is earnestly hoped that more care will be taken hereafter to have them full and accurate. Upon the death of a member, the date and college of graduation ; date of death and the disease of which he died, should be accurately given in a foot note in each report. All reports in any way defective will be returned for correction and amendment.

Individual members, or Boards of Censors, or County Societies, intending to prefer charges or complaints of any sort against other individual members or Boards of Censors or County Societies, will forward prompt notice of such intention to the Senior Censor, together with copies of the charges or complaints, so that the parties charged or complained of may receive due notice thereof, and have reasonable time to prepare their defense.

In the revision of the rolls, which is the special order of business for the last day of the session, County Medical Societies that have been gravely derelict or persistently negligent in the discharge of their duties under the Constitution of the Association and laws of the State, will be liable to censure or deprivation of charter; and all Counsellors who have failed to pay their annual dues, or who have failed to attend three successive meetings of the Association, will be dropped from the College of Counsellors.

All Counsellors of five years standing, who have not already done so, are requested to furnish photographs of themselves, of cabinet size, for insertion in the Book of Portraits.

The administration of the law providing for the collection of vital statistics and the supervision of public health, in the several counties of the State, has imposed upon the Association important and difficult duties; and in order that these duties may be properly discussed and understood, it is desirable that the approaching session of the Association should be numerously attended.

It is therefore hoped—

(1) That every Counsellor will consider it both a duty and a privilege to be at his post.

(2) That every County Society will come up to the full measure of its constitutional obligations by sending its full complement of Delegates.

(3) That all the County Health Officers will be in attendance for consultation with the Health Officer of the State.

It is expected that Regular Reports will be submitted on the following subjects, namely :

Indigenous Remedies not in general use by the Profession ; Personal observation on the Opium Habit and Opium Narcosis ; Chronic Alcoholism ; The Hygienic and Economic Importance—public and private—of wisely selected places for building sites ; Practical Experience in Typhoid Fever as it occurs in Alabama ; Practice of Medicine in the "Black Belt" of Alabama ; The Artesian water of Livingston, Alabama.

The leader in the Omnibus Discussion has chosen the following subjects

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for debate, and they are here published for the benefit of those wishing to participate in the discussion :

First.—Abdominal Surgery.

Second.—Changes of type of diseases in the Southern States.

Third.—Antiseptics in Midwifery.

Fourth.—Malaria ; its causes and prevention.

Fifth.—The most favorable climate for consumptives in the different stages of the disease.

Sixth.—The best methods of conducting quarantine with the least sacrifice of life and the least interference with commerce and the liberties of the people.

A number of Special Reports will be presented in relation to the diseases prevalent in various parts of the State during the past year.

It is hoped that members will come fully prepared to engage in the discussions that will occur in relation to these several subjects ; and also to take part in the Omnibus Discussion.

Officers of Societies will please take such steps as may be necessary to collect the fee of one dollar for each member.

The Transactions they receive in return is worth three times the money, and is a necessity to every one who desires to do his whole duty to the Association.

It is of the greatest importance that every Society should be represented in every meeting of the Association, and it is earnestly hoped that none of the Societies will fail to make such arrangements as will render their representation certain.

It is proposed that, on the evening of the second day of the session, there shall be a general discussion of the ways and means best calculated to secure the successful administration of the law to regulate the practice of medicine and of the health laws of the State. To this end the fullest possible attendance of members of the County Boards, of County Health Officers and Assistant Health Officers, is earnestly requested.

T. A. MEANS, M. D., Secretary.

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THE ANNUAL REPORT OF THE TREASURER.

WALTER CLARKE JACKSON, M. D., *Treasurer*,

In account with the Medical Association of the State of Alabama, from April 15, 1885, to April 13, 1886.

TO DUES OF COUNSELLORS.	Dr.
Abernethy, William Henry, Sedan, Wilcox county	$ 10 00
Brockway, Dudley Samuel, Coatopa, Sumter county	10 00
Barclay, James Paxton, Eutaw, Greene county	10 00
Bowie, Andrew, Benton, Lowndes county	10 00
Bryce, Peter, Tuskaloosa, Tuskaloosa county	10 00
Brown, Pugh H., Troy, Pike county	10 00
Baldridge, Milton Columbus, Huntsville, Madison county	10 00
Cason, Davis Elmore, Ashville, St. Clair county	10 00
Cochran, Jerome, Mobile, Mobile county	10 00
Cross, Benjamin Franklin, Decatur, Morgan county	10 00
Cross, William Cyprian, Centreville, Bibb county	10 00
Dement, John Jefferson, Huntsville, Madison county	10 00
DuBose, Wilds Scott, Columbiana, Shelby county	10 00
Emory, Aurelius Grigsby, Opelika, Lee county	10 00
Fletcher, Richard Mathew, Madison Station, Madison county	10 00
Franklin, Charles Higgs, Union Springs, Bullock county	10 00
Furniss, John Perkins, Selma, Dallas county	10 00
Goodwin, Joseph Anderson, Jasper, Walker county	10 00
Godfrey, James Myers, Sumterville, Sumter county	10 00
Gaines, Vivian Pendleton, Mt. Sterling, Choctaw county	10 00
Gordon, Frederick Elliot, Mobile, Mobile county	10 00
Goggans, James Adrian, Alexander City, Tallapoosa county	10 00
Gunn, James Hamlin, Calera, Shelby county	10 00
Gaston, John Brown, Montgomery, Montgomery county	10 00
Hill, Samuel Henry, Carrollton, Pickens county	10 00
Huger, Richard Proctor, Anniston, Calhoun county	10 00
Holt, Simon Augustus, Eufaula, Barbour county	10 00
Heustis, James Fountain, Mobile, Mobile county	10 00
Hogan, Samuel Mardis, Union Springs, Bullock county	10 00
Huggins, Jacob, Newbern, Hale county	10 00
Hendrick, Gustavus, Brundidge, Pike county	10 00
Hayes, Robert Hughes, Union Springs, Bullock county	10 00
Hopping, Daniel Stiles, Letohatchie, Lowndes county	10 00
Hoffman, John Richardson, Athens, Limestone county	10 00

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Jackson, Walter Clarke, Montgomery, Montgomery county	$ 10 00
Jackson, Robert Dandridge, Summerfield, Dallas county	10 00
Jay, Andrew, Evergreen, Conecuh county	10 00
Jones, Capers Capehart, Snow Hill, Wilcox county	10 00
Jones, John Paul, Camden, Wilcox county	10 00
Johnston, William Henry, Birmingham, Jefferson county	10 00
Jordan, Mortimer Harvey, Birmingham, Jefferson county	10 00
Kendrick, Joel Cloud, Greenville, Butler county	10 00
Kendrick, William Thomas, Oakey Streak, Butler county	10 00
Ketchum, George Augustus, Mobile, Mobile county	10 00
King, Goldsby, Selma, Dallas county	10 00
Lee, John Cooper, Blount Springs, Blount county	10 00
Luckie, James Buckner, Birmingham, Jefferson county	10 00
McDaniel, Edward Davies, Camden, Wilcox county	10 00
McKittrick, Adam Alexander, Evergreen, Conecuh county	10 00
Mushat, John Patrick, Hayneville, Lowndes county	10 00
Mitchell, William Augustus, Eufaula, Barbour county	10 00
Moody, Joseph, Bridgeville, Pickens county	10 00
Michel, Richard Fraser, Montgomery, Montgomery county	10 00
McKinnon, John Alexander, Selma, Dallas county	10 00
Means, Thomas Alexander, Montgomery, Montgomery county	10 00
Parke, Clifford Daniel, Selma, Dallas county	10 00
Parham, John Calhoun, Gainesville, Sumter county	10 00
Pearce, John Washington, Oxford, Calhoun county	10 00
Prince, Francis Marion, Jonesboro, Jefferson county	10 00
Purnell, William Thomas, Prairie Bluff, Wilcox county	10 00
Phillips, William Crawford, Selma, Dallas county	10 00
Peterson, Francis Marion, Greensboro, Hale county	10 00
Pritchett, John Albert, Hayneville, Lowndes county	10 00
Riggs, Benjamin Hogan, Selma, Dallas county	10 00
Rorex, James Polk, Scottsboro, Jackson county	10 00
Reese, Augustus Jordan, Mobile, Mobile county	10 00
Robertson, Thaddeus Lindlay, Oxford, Calhoun county	10 00
Stovall, Andrew McAdams, Jasper, Walker county	10 00
Sholl, Edward Henry, Birmingham, Jefferson county	10 00
Sanders, William Henry, Mobile, Mobile county	10 00
Shivers, Offa Lunsford, Marion, Perry county	10 00
Starr, Lucius Ernest, Camden, Wilcox county	10 00
Searcy, James Thomas, Tuskaloosa, Tuskaloosa county	10 00
Sears, John William, Birmingham, Jefferson county	10 00
Smith, Daniel Edgarly, Mobile, Mobile county	10 00
Sledge, William Henry, Livingston, Sumter county	10 00
Thigpen, Job, Greenville, Butler county	10 00
Thomas, James Gray, Mobile, Mobile county	10 00
Thetford, William Fletcher, Boligee, Greene county	10 00
Tipton, Frank, Selma, Dallas county	10 00
Trent, Powhatan Green, Rock Mills, Randolph county	10 00

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Wall, Conrad, Forest Home, Butler county	$ 10 00
Ward, Henry Bascomb, Cuba, Sumter county	10 00
Weatherly, Job Sobieski, Montgomery, Montgomery county	10 00
Wright, Milton Royal, Gadsden, Etowah county	10 00
Webb, Robert Dickens, Livingston, Sumter county	10 00
Wilkerson, Wooten Moore, Montgomery, Montgomery county	10 00
Total from Counsellors	$ 870 00

TO AMOUNT OF DUES FROM COUNSELLORS ELECT.

Bragg, Shirley, Hayneville, Lowndes county	$ 10 00
Goodwin, Albert, Eufaula, Barbour county	10 00
Herbert, Curtis Burke, Greenville, Butler county	5 00
Inge, William Tutwiler, Mobile, Mobile connty	5 00
Kendrick, Joel Bedar, Greenville, Butler county	5 00
Lowry, Samuel Henry, Huntsville, Madison county	10 00
Nicholson, Edward Pierson, Valley Head, DeKalb county	5 00
Norris, George Calvin, Wadsworth, Elmore county	5 00
Whelan, Charles, Birmingham, Jefferson county	5 00
Amount of dues from Counsellors elect	$ 60 00

TO AMOUNT OF DUES FROM DELEGATES.

Adams, David, Pine Apple, Wilcox county	$ 5 00
Alexander, H. A., Tuskegee, Macon county	5 00
Barnes, B. S., Suggsville, Clarke county	5 00
Bush, W. S., Choctaw Corner, Clarke county	5 00
Ash, J. W., Beaver Valley, St. Clair county	5 00
Crossley, W. A., Troy, Pike county	5 00
Dilburn, J. J., Bragg's, Lowndes county	5 00
Gaillard, G. W., Perdue Hill, Monroe county	5 00
Hamilton, J. B., Mobile, Mobile county	5 00
Herbert, C. B., Greenville, Butler county	5 00
Hughes, B. M., Birmingham, Jefferson county	5 00
Inge, H. T., Mobile, Mobile county	5 00
Kendrick, J. B., Greenville, Butler county	5 00
Jones, Julius, Rockford, Coosa county	5 00
Ligon, A. W., Chulafinnee, Cleburne county	5 00
Neal, W. A., Heflin, Cleburne county	5 00
Padgett, D. A., Fackler, Jackson county	5 00
Packer, J. T., Monroeville, Monroe county	5 00
Norris, G. C., Wadsworth, Elmore county	5 00
Nicholson, E. P., Valley Head, DeKalb county	5 00
Moody, T. J., Abbeville, Henry county	5 00
Morton, Jno., Vernon, Lamar county	5 00
Morton, H. F., Fayette C. H., Fayette county	5 00
Meredith, W. B., Montevallo, Shelby county	5 00

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Pearson, B. R., Montgomery, Montgomery county	$ 5 00
Salmon, R. V., Dadeville, Tallapoosa county	5 00
Sadler, J. M., Uniontown, Perry county	5 00
Shaver, B. B., Herbert, Conecuh county	5 00
Taylor, C. B., Rock Mills, Randolph county	5 00
Watkins, J. F., Union Springs, Bullock county	5 00
Whelan, Charles, Birmingham, Jefferson county	5 00
West, J. B., Cedar Plains, Morgan county	5 00
Wyman, B. L., Tuskaloosa, Tuskaloosa county	5 00
Vaughn, A. L., Cuba, Sumter county	5 00
Total dues from Delegates	$170 00

TO DUES FROM COUNTY MEDICAL SOCIETIES.

Autauga County Medical Society	$ 9 00
Bibb " " "	6 00
Blount " " "	10 00
Butler " " "	8 00
Barbour " " "	9 00
Bullock " " "	14 00
Conecuh " " "	7 00
Chambers " " "	10 00
Crenshaw " " "	5 00
Calhoun " " "	18 00
Coosa " " "	5 00
Cleburne " " "	5 00
Choctaw " " "	10 00
DeKalb " " "	7 00
Dallas " " "	10 00
Etowah " " "	8 00
Elmore " " "	7 00
Fayette " " "	12 00
Hale " " "	10 00
Henry " " "	11 00
Jackson " " "	14 00
Jefferson " " "	24 00
Lee " " "	11 00
Lowndes " " "	13 00
Lamar " " "	9 00
Limestone " " "	9 00
Lawrence " " "	8 00
Monroe " " "	9 00
Madison " " "	11 00
Morgan " " "	13 00
Mobile " " "	6 00
Macon " " "	10 00
Marengo " " "	12 00

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Montgomery County Medical Society	$ 12 00
Pickens " " "	9 00
Pike " " "	5 00
Perry " " "	24 00
Randolph " " "	8 00
St. Clair " " "	9 00
Sumter " " "	10 00
Tuskaloosa " " "	13 00
Tallapoosa " " "	6 00
Walker " " "	10 00
Wilcox " " "	6 00
Total amount dues from County Medical Societies	$ 444 00

To amount received of J. W. Fleming	$ 1 00
" " J. T. Harrison, Transactions	2 50
" " New York Insurance Co., Transactions	2 50
Total	$ 6 00

STATEMENT.

To amount dues from Counsellors	$ 870 00
To amount dues from Counsellors elect	60 00
To amount of dues from Delegates	170 00
To amount of dues from County Medical Societies	444 00
To amount from other sources	6 00
Total receipts	$1,550 00
Balance due Treasurer	115 37
Making a total	$1,665 37

CREDITS.

	CR.
To amount deficiency last session	$ 37 22
expenses Greenville session	18 75
printing Transactions, W. D. Brown & Co.	1,231 60
Stationery, postal cards, stamped envelopes, distributing Transactions, &c., W. D. Brown & Co	107 30
Joel White	9 40
D. Abraham	3 50
T. A. Means, Secretary, salary	100 00
T. A. Means, for postage stamps and stationery	50 60
W. C. Jackson, Treasurer, salary	100 00
W. C. Jackson, Treasurer, stationery and P. stamps	7 00
Amount of credits	$1,665 37

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The following Counsellors have failed to pay their dues, to-wit:

Dr. C. W. Williams, Dr. W. H. Caffey, Dr. G. W. Brown and Dr. W. T. McAllister. Dr. A. T. Barnett failed to pay his dues as Delegate at the meeting in Greenville Session; he has since died. Dr. W. H. Chapman, of Coffee county, in attendance at our last meeting for the purpose of securing a Charter for his county, did not pay as a Delegate, though he is reported by the Secretary as being present at the last meeting as a Delegate.

The counties of Colbert, Greene, Chilton, Clarke, Coffee, and Shelby, have been derelict in sending up their Annual Dues.

All of which is respectfully submitted, with accompanying vouchers.

WALTER CLARKE JACKSON, M. D.,
Treasurer State Medical Association.

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BUSINESS REPORTS OF COUNTY SOCIETIES.

Business reports of county societies were handed to the Secretary and referred, under the rules, to the Board of Censors:

Autauga County.—Report rendered and dues paid. (This Society had no representation at this or the Greenville session; nor was the report or dues handed in until after adjournment.)—SECRETARY.

Barbour County.—Report rendered and dues paid. Represented by one Delegate and two Counsellors. The Secretary reports this county in a flourishing condition. Meetings were held regularly and much interest is taken, especially in reports of cases. Improvement is marked and progressive, more so than in any former year. Membership, 12.

Bibb County.—Report rendered and dues paid. Represented by one Delegate. Status of the Society only fair. Membership, 7.

Blount County.—Report rendered and dues paid. Represented by two Delegates and one visitor. The condition of the Society is not as it should be. Membership, 12.

Bullock County.—Report rendered and dues paid. Represented by three Counsellors and Health Officer. There were held seven regular meetings with an average attendance of ten. Papers on the "Annual Report on the progress of Surgery," and "Climatology and Topography of Bullock county," were read and discussed profitably. "The Hygienic condition of the negro race now and during slavery;" and discussions on Malaria, Dysentery, Apoplexy and Hemorrhoids were discussed. Status of the Society most gratifying. Membership, 20.

Butler County.—Report rendered and dues paid. Represented by one Delegate and one Counsellor. Status of the Society good. Membership, 18.

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Calhoun County.—Report rendered and dues paid. Represented by two Delegates and three Counsellors. The Society is reported active and in good working order. Membership, 19.

Chambers County.—No report, dues unpaid. Represented by one visitor. Membership, 10—as last year.

Chilton County.—No report; no representation. Dues unpaid.

Choctaw County—This Society sent up no report; was not represented either at this or the Greenville session last year. It has failed to pay its dues. Last year's membership, 14.

Clarke County.—Report rendered since adjournment, and dues paid. No representation. Membership, 14.

Cleburne County.—Report rendered and dues paid. Represented by two Delegates. Status of this Society fairly good. Membership, 7.

Coffee County.—Report rendered and dues paid. No representation. Membership, 8. The Secretary reports this Society in active working order, and its members zealous and attentive.

Conecuh County.—Report rendered through the mails and dues paid. There was no representation. Membership, 6. This Society, though numerically small, holds quarterly meetings with good attendance.

Coosa County.—Report rendered and dues paid. Represented by one Delegate. Status of the Society numerically strong, but energetically weak. Membership, 20.

Cullman County.—This Society applied for a charter at this session, rendered its report, paid its dues, and was represented by two Delegates. Membership, 5.

Crenshaw County.—Report rendered and dues paid. No representation. No statement whatever regarding the status and general working capacity of its membership of 10.

Dallas County.—Report rendered and dues paid. Represented by two Delegates and four Counsellors. Membership, 28. This Society is active and always in working order.

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DeKalb County.—Report rendered and dues paid. Represented by one Delegate. Status fairly good. Membership, 8—one less than last year.

Elmore County.—Report rendered and dues paid. Represented by one Delegate. Membership, 14—two less than last year. Condition reasonably satisfactory.

Etowah County.—Report rendered and dues paid. Represented by one Delegate. Membership, 9. The Secretary represents the Society in better working order than ever before, and if the present members do their duty, all the doctors in the county will be added to its rolls.

Escambia County.—Report rendered and dues paid. Represented by one Delegate. This county applied for charter at this session, with a working membership of 5.

Fayette County.—Report rendered and dues paid. Represented by one Delegate. Membership, 14. Status of the Society fairly good.

Greene County.—Report rendered and dues paid. Represented by two Counsellors. Membership, 16.

Hale County.—Report rendered and dues paid. Represented by two Delegates, two Counsellors and one visitor. Membership, 14. The Secretary reports the Society healthy and in good working order.

Henry County.—Report rendered and dues paid, but failed in representation. Status of the Society not mentioned. Membership, 12.

Jackson County.—Report rendered and dues paid. Represented by one Counsellor. Status of the Society reported good. Membership of 12—three less than last year.

Jefferson County.—Report rendered and dues paid. Represented by one Delegate, five Counsellors, Health Officer, and three visiting members. The Secretary reports this Society in active working order, with a membership of 29—two in excess of last year. Health Officer efficient.

Lamar County.—Report rendered and dues paid. Represented by one Delegate. Membership, 10—three in excess of last year. Since its reorganization in 1884, this

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Society has been gradually improving in its work and membership.

Lawrence County.—Report rendered and dues paid. Represented by one Delegate. The Society is reported in much better condition than formally. Membership, 19.

Lee County.—Report rendered and dues paid. Represented by one Delegate. The Secretary reports the average attendance small, yet the meetings are attended with good results. There has been three new names added to the roll since last report. Membership, 15.

Limestone County.—Report rendered and dues paid. Represented by one Counsellor and Health Officer. Status of the Society in fairly satisfactory condition. Health Officer very efficient. Membership, 9—one less than last year.

Lowndes County.—No report. Represented by one Delegate.

Macon County.—Report rendered and dues paid. Represented by two Delegates. This Society is in excellent condition, and improving each year. It reports a membership of 12—two in excess of last year.

Madison County.—Report rendered and dues paid. Represented by three Counsellors. The Secretary in the body of his report states that the membership has been steadily increasing since June, 1885, that there have been nine regular monthly meetings, with an average attendance of nine and one-third; that Infantile Diarrhœa, Cholera, Hemorrhoids, Pertussis and Rubeola have been profitably discussed, and a laudable ambition to make this Society a model. Membership, 27—increase of eleven.

Marengo County.—Report rendered and dues paid. Represented by two Delegates, and one Counsellor. The floods and continued wet weather prevented the regular monthly meetings, yet the zeal and energy of the entire membership never abated. Promise of better returns are offered for the future. Membership 13—one in excess of last year.

Marshall County.—Report rendered and dues paid. No representation. Charter was granted this Society at the

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present session. It starts out with fair prospects, and registers a membership of 14.

Mobile County.—Report rendered and dues paid. Represented by one Delegate and five Counsellors. This is one of the foremost Society organizations in the State, always active and willing to serve the Association at all times. It registers a membership of 28—three in excess of last year.

Monroe County.—Report rendered and dues paid. No representation. Meets semi-annually, and has always a full attendance. Condition healthy. Membership, 12—one in excess of last year.

Montgomery County.—Report rendered and dues paid. Represented by two Delegates, and six Counsellors. It has a membership of 25—two in excess of last year. Meetings are held every Saturday night from October to June. The attendance is large, and the interest increasing with each succeeding year.

Morgan County.—Report rendered and dues paid. Represented by one Delegate, one Counsellor, and Health Officer. Status of this Society unusually good, although numerically less by nine than last year, reporting only 16.

Perry County.—Report rendered and dues paid. Represented by one Delegate, and one Counsellor, is in good condition, and has a membership of 18—two less than last year.

Pickens County.—Report rendered and dues paid. Represented by one Delegate, two Counsellors and Health Officer. It has a membership of 16—three in excess of last year, and is reported in fair condition.

Pike County.—Report rendered and dues paid. Represented by one Delegate and one Counsellor. There were four regular meetings and three called meetings during the year, with interesting discussions on reported cases. No essays. Membership, 10.

Randolph County.—No report. Dues paid. Represented by one Delegate.

Shelby County.—Report rendered and dues paid. Repre-

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sented by one Delegate, and one Counsellor. Membership, 16—an increase of one since last year's report. This Society is represented to be in fair condition.

St. Clair County.—Report rendered and dues paid. Represented by two Delegates and one Counsellor. Status of the Society good. Membership, 8—three less than last year.

Sumter County.—Report rendered and dues paid. Represented by one Delegate, and four Counsellors, and Health Officer. Membership, 20. This Society is reported in a good state of efficiency.

Talladega County.—Report rendered and dues paid. Represented by one Delegate. Membership, 17.

Tallapoosa County.—Report rendered and dues paid. Represented by one Counsellor. Membership, 17. No Health Officer present, and no report from him.

Tuskaloosa County.—Report rendered and dues paid. Represented by one Counsellor. Membership, 23.

Walker County.—Report rendered and dues paid. Represented by one Counsellor. Membership, 17.

Wilcox County.—Report rendered and dues paid. No representation. The Secretary reports that at each quarterly meeting regular and voluntary papers were read, and the usual interest taken in discussing them. A full representation was expected, but the floods and continued wet weather prevented. Membership, 22.

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REPORTS OF SPECIAL COMMITTEES.

Dr. J. S. Weatherly, of Montgomery, chairman of the committee appointed at the Greenville Session, 1885, to prepare a suitable memorial to Dr. Edmund Pendleton Gaines, of Mobile, deceased, submitted the following:

In the rush and excitement of this fast age little time or thought is given, as a general rule, to those who drop by the wayside. They are buried, a few tears are shed by those who are nearest and dearest to the departed. Possibly a big funeral is allowed to the most distinguished, but the time devoted to that duty is often regretted, and the next day, the thought with most of us is, who is to be benefitted by the death of our dear friend?

Of course these remarks are general, for if any man's death was ever truly mourned, and sincerely regretted, it was Dr. Gaines. It is true, that no good can accrue to the dead by grief or showy demonstrations, yet, when such a man as Dr. Edmund Pendleton Gaines goes down into the silent valley of the dead—ah! and goes with the harness on—it seems not only fitting, but an imperative duty of his colaborers, who are lingering only a little while behind, to take becoming and loving notice of his death. If a massive monument of granite or brass cannot be erected to his memory, we can, at least, leave a memento of love and affection upon a memorial page in our Book of the Dead, sacred to his memory, and commemorating his many lovely traits of both head and heart.

This Association has been called on to mourn the death of few such men as Dr. Gaines. Genial and lovable, with a big brain and a bigger heart, he could not, and did not, fail to leave his impress upon the times in which he lived, and a loving spot in the hearts of all with whom he came in contact. All of you who had the rare good fortune to know Dr. Gaines personally, will recollect how we used to love to hear him speak. He always got excited, and rushed on like a mad torrent with his argument, and like the torrent, he usually carried every thing before him; sweeping away opposition with the force of his argument, and the power of his great intellect. He had great influence over men, for all knew him to be honest and pure; and if there ever was a perfectly honest and sincere man, it was Dr. Gaines.

Your committee feel that it is useless to make an elaborate report, especially after the beautiful tribute paid to him by President Riggs, in his message delivered at Greenville last year. Also, that it was not necessary or appropriate to enter minutely into the every day life of Dr. Gaines. Yet, it also feels that something, coming from the Association itself, is due

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when so prominent a figure in the organization as Dr. Gaines was, suddenly drops from our ranks, to be seen no more by mortal eyes.

Dr. Gaines was a native Alabamian, and the State never had a nobler son, or one better qualified to sustain its honor and dignity, and, we might add, to fill any position of honor or trust that might have been conferred upon him. But he was not an ambitious man, except the ambition to do good to his fellow man. He was an ideal physician, such as we read about, but seldom meet. Yet, in this utilitarian age, we think it would be well if more of us followed his example. He was made President of this Association not because he sought the honor, but because the Association felt that it was honoring itself in forcing the position upon him. There is no honor in the gift of this Association that it would not have willingly bestowed upon Dr. Gaines, and we are sure there is nothing it would willingly leave undone to perpetuate his memory.

All of you who knew Dr. Gaines, also know that whilst he looked robust, yet he worked for years, always cheerful, knowing that the sword of death was ready to descend at any time. Ready and willing at all times to forget his own burdens to assume the troubles of others, or at least to lighten the weight, making the poor complaining mortal happier, for the time at least.

His was a strong character. Fearless in the expression of his opinions, and tenacious in holding on to them, and yet, with his excitable temperament, he made no enemies, or if he did, no one knew of them. He was a man of great personal magnetism, and even those who opposed his views could not help being attracted to the man.

He died serving the people with whom he had been associated so long - the noble, generous people of our Gulf City—who loved him so well, and for whom he was willing to give up his noble life. They will, and ought to, cherish his memory, for they will never look upon his like again.

He was part and parcel of this Association, and it cannot do him too much honor. Your committee would recommend that in addition to the usual memorial page, this imperfect memorial be also inscribed to show those coming after us, that Dr. Gaines was honored and loved as few men have ever been, and that this Association will ever cherish his memory with abiding affection.

J. S. Weatherly, M. D.,
J. J. Dement, M. D.,
W. H. Sanders, M. D.,
Committee.

Dr. Benjamin H. Riggs, of Selma, offered the following resolution:

Resolved, That the question of the numbering of the annual volumes of the Proceedings of the Medical Association of Alabama, be referred to

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the Board of Censors, with instructions to determine the same, and report when ready.

Adopted.

Adjourned to evening session—8 o'clock.

Evening Session.

In the absence of the Annual Orator, the Association convened in the Opera House at 8 o'clock, to discuss the Health Laws of the State, and the best methods of conducting them, and to compare the plans adopted by the several counties in carrying on the work.

The discusion was animated, and on the whole, profitable, as many new and interesting plans were presented by which vital returns could be obtained, without the old and unsatisfactory methods heretofore pursued. The people are being educated to the importance of a work undertaken alone for their benefit, and seem willing to assist Health Officers in their work in every way possible.

The Association adjourned at 10 o'clock p. m., to meet in morning session at 10 o'clock a. m. to-morrow.

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PROCEEDINGS OF THE SECOND DAY.

WEDNESDAY, APRIL 14.

The Association was called to order by the President, Dr. Francis M. Peterson, at 10 o'clock, A. M.

Dr. Sholl moved that the recommendation of the President in reference to a permanent home for the Association be referred to the Board of Censors for their consideration. The motion prevailed.

Under the head of unfinished business, and miscellaneous business, Dr. Frank M. Prince, of Jonesboro, arose and announced the presence in the Hall of Dr. Wm. Abram Love, of Atlanta, fraternal messenger from the Medical Association of the State of Georgia, and moved that Drs. Sholl and Gaston be appointed by the chair to introduced him to the Association.

Dr. GASTON said: Mr. President, and gentlemen of the Medical Association of the State of Alabama, I take great pleasure in presenting one of Georgia's distinguished physicians, who has been accredited with letters of appointment as fraternal messenger from the Medical Association of the State of Georgia, to this Association—Dr. William Abram Love, of Atlanta.

Dr. Love thanked the Association for the very cordial manner in which he was greeted, not only as an individual member, but as fraternal messenger from our sister State of Georgia.

The President announced that the clergy of Anniston had a communication or address they asked permission to read, in open session, if agreeable to the Association.

The Rev. Wallace Carnahan, Rector of Grace Church, then came forward and read the following—

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COMMUNICATION.

ANNISTON, ALABAMA, April 14, 1886.

To the Medical Association of the State of Alabama:

GENTLEMEN: In common with our fellow-citizens, we, the ministers of the gospel in Anniston, appreciate the honor done our little city by your meeting here; and we hope that you will not think us wanting in hospitality if we beg you to consider a request of ours somewhat curtailing your pleasure.

Your brethren, the committee of entertainment, in conformity with custom, propose to furnish wine at your banquet to-morrow night; we present this petition to beg that you will decline that feature of the entertainment. We believe that your indulgence in intoxicating beverages upon that occasion would inflict great injury upon the cause of temperance in this county.

Three years ago the voters of this county, by a majority of over twelve hundred votes, declared for prohibition. The law has been executed with extraordinary vigor, and the consequences have been marked and most beneficent. Drunkards have been reformed, crime has been greatly diminished, the habit of drinking amongst young men has been almost broken up, and the improvement in the physical condition of the families of the laboring classes has been remarkable. Lately the validity of our prohibition law has been called in question, and it seems likely to be overthrown upon the merest technicality. Movements are on foot to reopen the liquor traffic. The friends of law and morality are appalled at the frightful prospect. The bar rooms can only be reopened upon the presentation to the probate court of a petition of freeholders and householders. We are trying to so fortify the moral sense of the community that such petitions may not find signers. Our only weapon of defense is public opinion.

We believe that your drinking wine or not drinking wine at your banquet to-morrow night will turn the scale. If you, the recognized conservators of the public health, the most scientific body of men that meets in this State; if you, family physicians, the custodians with us of the domestic hearthstone, indulge in public wine drinking, we are "wounded in the house of our friends." It is in your power to give a respectability to the liquor interest in this community which it never has had; and it is also in your power to strengthen the hands of the clergy and encourage the friends of law and humanity. We do not ask you to commit the Association to the cause of prohibition or to the doctrine of total abstinence; we waive all that upon this occasion; we only implore you, for the sake of suffering humanity, for the sake of perishing souls, to forego the pleasure of a glass of wine for one evening. We appeal to your respect for our solemn office. We appeal to your sympathy for the poor inebriate struggling with temptation. We appeal to your piety for women and children cold and hungry, crouching under the brutal blow of the drunken father. We adjure you by the memories of our battle with pestilence, when we have stood shoulder to shoulder with you in your combat with the "grim monster." We adjure

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you by the mercy of God, by the love of Christ, to relinquish a momentary pleasure for the sake of your weaker brethren.

In conclusion, we must say that we are far from wishing to reflect upon your committee of entertainment, who are our warm friends and neighbors; what they have proposed for your pleasure seemed to them the obligation of hospitality. We sympathize with their embarrassment, and therefore ask you to decline their proffered kindness.

WALLACE CARNAHAN, Rector of Grace Church.
J. T. MORRIS, Pastor of M. E. Church, South.
E. T. SMYTH, Pastor of Baptist Church.
J. D. MCLEAN, Pastor of Presbyterian Church.

The reading of this paper created an animated discussion *pro* and *con.*

Dr. George A. Ketchum, of Mobile, moved, as a final settlement of this question, that it be referred to the local committee of arrangements.

To properly dispose of the whole matter, Dr. Jerome Cochran of Mobile, moved as a substitute that a committee be appointed, consisting of Drs. John B. Gaston of Montgomery; George A. Ketchum of Mobile, and Peter Bryce of Tuskaloosa, to prepare an answer to the communication presented to the Association by the clergymen of Anniston.

This motion prevailed.

Subsequently, the committee made the following report:

MR. PRESIDENT—Your committee, charged with preparing an answer to the communication of the Ministers of the Gospel of Anniston with regard to the attitude which, in their opinion, this Association should assume toward an invitation to a banquet in this city, respectfully report the following reply:

To Reverends WALLACE CARNAHAN, Rector of Grace Church; J. T. MORRIS, Pastor of M. E. Church, South; E. T. SMYTH, Pastor of Baptist Church; J. D. MCLEAN, Pastor of Presbyterian Church.

GENTLEMEN—In reply to your communication of the 14th inst., this Association respectfully makes the following statements:

1. The invitation to the banquet at the Anniston Inn on the 15th April came from the Calhoun County Medical Society; and this Association, reposing confidence in the discretion, virtue and patriotism of the members of this society, and guided by the rules of courtesy which obtain everywhere, has referred your communication to the Committee of Arrangements, in full faith that they will not permit or do anything whilst enter-

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taining us, that will shock the moral sense or put in jeopardy the best interests of this community.

2. That the members of this Association appreciate and regret the great evils that flow from the abuse of alcoholic beverages, and are in hearty sympathy with all prudent and wisely directed measures looking to the suppression or abatement of said evils.

3. That it is the settled policy of the Association not to involve itself in any of the political issues growing out of the alcoholic question, which are now provoking so much social and political agitation.

The last two statements are copied from a reply by the Association at Birmingham in 1883 to a Memorial of the Women's Christian Temperance Union.

J. B. Gaston,
G. A. Ketchum,
Peter Bryce.

Dr. R. F. Michel, of Montgomery, asked that the order of business be suspended to allow him to introduce to the Association Dr. V. H. Taliaferro, fraternal messenger from the Medical Association of the State of Georgia. Dr. Taliaferro recognized the courtesy extended to him in a few brief words.

There being no further unfinished or miscellaneous business, the Secretary proceeded to call the schedule of regular reporters, and in the order named, viz:

(1) "Indigenous Remedies not in general use by the profession;" by Pugh H. Brown, M. D., of Troy, Pike county. Read and referred to the Committee of Publication.

(2) "Practical Experience in Typhoid Fever as it occurs in Alabama;" by Frank Marion Prince, M. D., of Jonesboro, Jefferson county. Read and referred to the Committee of Publication.

(3) "The Diagnosis and Treatment of some of the more common forms of Diseases of the Skin, as they occur in Alabama;" by Edward Henry Sholl, M. D., of Birmingham, Jefferson county. Read and referred to the Committee of Publication.

Adjourned at 1 o'clock to afternoon session.

Afternoon Session.

The Association re-assembled at 3 o'clock, when the Sec-

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retary resumed the reading of the schedule of regular reporters.

(4) "Practice of Medicine in the 'Black Belt' of Alabama;" by Edward Burton Ward, M. D., of Greensboro, Hale county. Read and referred to the Committee of Publication.

(5) "The Artesian Water of Livingston, Alabama," by Robert Dickens Webb, M. D., of Livingston, Sumter county. Read and referred to the Committee of Publication.

VOLUNTEER PAPERS.

(1) "Twenty-five Successful Extractions of Cataract without a Failure;" by Benjamin James Baldwin, M. D., of Montgomery. Read and referred to the Committee of Publication.

(2) "The American Skunk;" by George W. McDade, M. D., of Montgomery, Montgomery county. Read by the Secretary, and referred to the Committee of Publication.

(3) "Medical Education;" by William Henry Sanders, M. D., of Mobile, Mobile county. Read and referred to the Committee of Publication.

(4) "The Present Aspect of the Antipyretic Treatment of Fever;" by Frank Tipton, M. D., of Selma, Dallas county. Referred without reading to the Committee of Publication.

The Association adjourned to re-assemble at 8, P. M., in special session.

SPECIAL EVENING SESSION.

The Association assembled in special session at 8 o'clock, President Peterson in the chair, to discuss the paper of Dr. W. H. Sanders, read at the morning session on Medical Education. The importance of this paper brought out a full and profitable discussion on a subject now the most prominent, as well as the most important feature, connected with the schooling of young men seeking entrance into the medical profession.

On motion, adjourned until 10 o'clock to-morrow.

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THE PROCEEDINGS OF THE THIRD DAY.

THURSDAY, APRIL 15.

The Association was called to order by President Peterson, at 10 o'clock, A. M.

Miscellaneous and unfinished business being next in order, Dr. Mortimer H. Jordan, of Birmingham, asked permission to introduce to the Association Dr. Robert Battey, of Rome, Georgia, who has gained distinction by his operations in ovariotomy and what is known as "Battey's operation."

Dr. Battey acknowledged the courtesy extended to him, and, on motion of Dr. Jerome Cochran, of Mobile, he was accorded the privileges of the floor, and of debate in the omnibus discussion.

Dr. Cochran, by request, presented the following resolution sent up by the Blount County Medical Society:

Resolved, By the Blount County Medical Society, that it is the sense of this Society that the law regulating the practice of medicine in this State should be so amended as to grant the authority to the local boards of censors to revoke certificates of practice, for the crimes of habitual drunkenness and other gross immoral conduct.

Resolved, That our delegates be instructed to bring this matter before the next meeting of the State Association.

Done at our regular meeting in July, 1885.

A. S. DAVIDSON, President.
J. H. WILLOUGHBY, Secretary.

Dr. Cochran explained that there was a constitutional difficulty in the way which would prevent the General Assembly from granting to our examining boards the power to revoke licenses. A discussion of the point will be found in the report of the Board of Censors in the section on the President's Message.

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THE OMNIBUS DISCUSSION.

The President announced as leader in the omnibus discussion, Dr. James Fountain Heustis, of Mobile.

FIRST SUBJECT.

ABDOMINAL SURGERY, OR THE OPERATIVE MEASURES RENDERED NECESSARY BY DISEASE OR INJURY AFFECTING THE ABDOMINAL CAVITY.

These have been growing in importance of late years, and the great daring and success that have attended them have demonstrated more than anything else the great advance that has been made in surgery in this direction. Beginning with ovariotomy, which at first was confined to a few, a very few, throughout the world, it has now become so common that operators are numerous everywhere, and success through a thorough understanding of the means essential to it has become the rule. It was the steady and progressive advance made in this operation that rendered other and more formidable operations within the abdominal cavity possible and feasible; until now there remains no part that has not been invaded by the surgeon's knife. The liver, pancreas, spleen, stomach, intestines, kidneys and bladder, have all been subjected to successful operations; and in women tumors of all kinds affecting the womb, ovaries, fallopian tubes and broad ligaments have been removed without regard to their character or attachments; the rule being to attempt the removal of any diseased growth that threatens life by an exploratory incision, and to remove it, if possible. If removal is impossible, and the disease is cystic, removal of its contents, and fixing the incision of sac to abdominal wound by suture to secure drainage. If solid, removal of all that can be removed, and fixture of the remainder to abdominal wound. In all obstructions of the bowels, if medicine and external means fail, an exploratory

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incision should be made to find the cause of the obstruction; and this should be done before such changes have occurred as render relief impossible. The rule being the same for obstructions within the abdomen as without, as in cases of strangulated hernia. In injuries to the abdominal vicera or vessels, if dangerous symptoms arise, the rule to cut down upon and tie the bleeding vessel or close the wound of the part, as in other cases, would appear to be the right thing to do. Removing all blood, or other extravasation, to prevent peritonitis and septicæmia, which otherwise would be inevitable and probably fatal. In bladder wounds the same line of practice would apply; and if closure of wound could not be effected, free drainage should be secured. To sum up the present concensus in regard to abdominal surgery: All growths within the abdomen that threaten life should be removed when they can be. Cysts and secreting sacs that cannot be removed, should be emptied, and the opening in them sutured to the external opening for drainage. All extravasations of blood and other fluids should be carefully removed, and all bleeding checked before closing abdominal opening. When much oozing of bloody serum is to be expected, from the nature of the injury or operation, thorough drainage by glass or rubber tubes, and antiseptic irrigation should be practiced. The resection of the stomach and intestines for cancer admits of the same discussion as operations for cancer elsewhere, plus the danger of the operation; and the same applies to extirpation of the womb for cancer. Does the relief obtained pay for the risk incurred? The operations of Cæsarean section, of Porro and Müller, and laparo-elytrotomy might be discussed as to their relative advantages; the latter too, perhaps, offering higher claims for acceptance. The operation of Battey, for the removal of ovaries for disease, or for the arrest of their function as a disturbing element threatening life, or destroying health of body or mind, so as to render life intolerable, would appear to be accepted as justifiable.

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In the discussion following—

DR. ROBERT BATTEY, of Rome, Georgia, said: That in 1881 his mind had been impressed with the extraordinary success which had been obtained in Europe in ovariotomy and the Battey operation. He crossed the ocean to investigate the causes which led to this great success. He returned to America and observed immediately a most marked change for the better in his results. He attributes this great improvement to the observance of the most extreme and punctilious cleanliness, both in operation and after treatment. Another point of great value, as influencing results, is the gathering all patients into a suitably appointed special infirmary. No private residence, however sumptuous, can afford the advantages of a well ordered infirmary devoted to this special work. He stated his own results since 1882 in his infirmary to be seventy cases with sixty-eight recoveries and two deaths.

DR. W. LOCKE CHEW, of Birmingham, said: I have no experience, as the last speaker from Montgomery (Dr. Gaston), in drainage of the abdomen following extra-uterine gestation, but in cases of ovariotomy and oöphorectomy, where there are many adhesions followed by oozing or slow hæmorrhage, I should advise that drainage be effected as follows: While suturing the abdominal wound at the lowest angle of the incision, introduce a Thomas' glass, curved, abdominal drainage tube; or, as I like better, a slight modification of it, in which the posterior curved wall is perforated with numerous holes, through which the fluids can enter the tube, the curved end be introduced and left in the Douglass' cul-de-sac. Warm carbolized water being injected through this, the pelvis being flooded, it should be sucked back by means of a rubber tube attached to an aspirator, for the ordinary syringe has not the power to remove it as thoroughly as we might desire. This should be repeated until the water comes away clear, and as often as symptoms require. In regard to position I keep the

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patients in the dorsal decubitus strictly and in perfect rest and quiet. This practice gives excellent results.

In answer to Dr. Seelye, on laparotomy in wounds of the abdomen, I will say: In stabbed wounds of the abdomen I do not regard every case a case for laparotomy. By slight enlargement of the incision we can generally judge the needs of each case on the merit of the case alone, and then proceed as the case requires. When the viscera is wounded and the incision small, I like a laparatomy in the median line, with immediate closure of the wound.

But in cases of penetrating gunshot wound of the abdomen I think there are but few of these cases that not only justify the operation, but positively call for exploratory laparatomy; I have seen a man with gunshot wound of the abdomen suffer little or no shock, without vomiting of blood or passage till the twentieth day, yet on the twenty-first day the *post mortem* revealed eleven perforating wounds of the intestines. No rule can be fixed for laparotomies in these cases from the condition of the case. They must be operated on by the relative merit of their recovery without an operation, and the merit of laparotomy, in a large number of cases. Mr. Lawson Tait has reported one hundred and twenty-five successive laparotomies without a death. Can cases of gunshot wound of the abdomen ever be made with certainty to reach fifty per cent. of recoveries? Can even the most hopeful cases reach this? No surgeon claims it. Then does not our duty call us to the performance of an operation for their relief, when the fatality of that operation, as an operation, can be reduced below one per cent? Does not our duty call us to this, when the mortality of the injury is 78 per cent. at best, and the operation holds out hopes that, that mortality can be reduced to a very low proportional fatality, and even to, perhaps, 25 per cent. or less?

On expecting recovery following gunshot wounds of the abdomen without an operation, we go on less than blind chance, but when a laparotomy is done, we give the case

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all the advantages of a most reliable and trustworthy operation. Gentlemen, it is our duty to operate.

Drs. Gaston and Seelye, of Montgomery, made remarks on this subject, but failed to furnish them.

SECOND SUBJECT.

CHANGES OF TYPE OF DISEASES IN THE SOUTHERN STATES.

The question immediately arises, have there been any changes in the type of diseases, here or elsewhere? Is not disease the same now as it has been always? If we are to judge of the great changes that have occurred in the treatment of diseases, the natural inference would be that the type of diseases has changed. Have these changes of treatment been the result of theory or experience? Of a study of the true nature of disease, or a mere matter of fashion or fancy? It would hardly be possible that a line of practice so different and opposite should prevail so universally without adequate cause. Recognizing the fact that everything is continually undergoing some change; that the face of nature as well as society, the habits, customs, occupations and mode of life of the people have greatly changed, we must expect changes in the type of diseases.

When the country was sparcely settled, and active outdoor life, plain food, and regular habits made a strong and vigorous people, asthenic diseases prevailed; but when population increased, and all its attendant evils of vice, poverty and want began to appear, weakness became the feature of diseased action. So, with the destruction of our immense forests, the drying up of our water courses, the vastly increased area of highly cultivated land, and the aggregation of numbers into populous towns and villages, where all was wilderness before, changes must have occurred affecting the causes of disease, and disease itself. Malarial diseases have lost their malignancy to a great extent, and filth diseases have gained prominence. With the change in habits

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and condition of the negro population in the last twenty years, or since their emancipation, diseases from which they were formerly almost exempt, as consumption, Bright's disease and heart diseases have become very common among them ; and cancer, which was almost unknown among them, has also become common. The same may be said, also, of the white population; for none of these diseases were but seldom met with. The struggle for life that has fallen upon a once prosperous and happy people, has brought with it these diseases of decay. How common has cancer become among women? And to what can it be attributed but to the blighting effect of mental distress, resulting from poverty, and the loss of all those diversions and pleasures that brighten life.

Recognizing the fact that a healthy mind is necessary to a healthy body—that a disturbed and wretched mind must produce a disturbed and wretched digestion; that bad digestion must make bad blood; and bad blood bad diseases, we can see how these low forms of disease or cachexies have become so widespread in our impoverished country. Then filth, that must always attend increase of numbers, brings with it its penalties—typhoid fever, dipththeria and asthenic diseases generally. As for the type of disease *per se* even that has changed with the habits of life and changed constitution of the people. The tendency to asthenia marks even inflammatory diseases, and quinine, ammonia and stimulants have taken the place of the lancet, tartar emetic, and free purgation of our fathers.

Dr. Riggs, said: It was well for some one in public discussion like this to put the brakes down. If some one did not perform this ungracious task, there was danger of our enthusiasm running away with us, and the result being an erroneous impression. Doctors were too much disposed to be medical milliners, and follow the fashion as set by some leaders, and never inquire if it were sensible. He had heard a good deal of change of type of disease, and it might be true that there was a greater prevalence of the asthenic or

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adynamic type now than there used to be; but he believed were disposed to carry this to far, and to do harm by blindly following a generalization. It seemed to him that the outdoor life of work and activity, that our white people lead in the South, ought to tend to make them stronger and more robust, rather than weaker and more effeminate. It was true that habits, diet, occupation, surroundings, and other accidental and natural influences might in course of time make a change in constitution, and these work a change in the type of the disease attacking that person. He had no doubt that this was the effect of the changed life of the negroes of the South; from slaves they had become freedmen; they were Africans putting on the Caucasian civilization, and were in an unnatural condition. They were like caged monkeys. They led a more housed up and irregular life than they did as slaves. Consumption and other diseases of a low grade were much more prevalent among them than of yore.

He feared he had sacrificed some lives to this change of type idea since the war, by not treating the attacks with some old fashioned remedies, such as calomel and bleeding. A doctor was so afraid now a-days of being called a "calomel doctor" in derision, that he neglected this useful and valuable agent. He was satisfied that bleeding was neglected to the detriment of patients; was satisfied that there was no other agent comparable to it in the apoplectic or plethoric form of eclampsia puerperarum.

THIRD SUBJECT.

ANTISEPTICS IN MIDWIFERY.

With the germ theory of disease, antiseptics at once sprung into great prominence; and as diseased actions were traced more and more directly to the development and multiplication of germs the use of antiseptics became widespread and general, so that now, medicine, as well as surgery, resorts freely to them. It is more conspicuously in surgical practice that antiseptics possess the greatest power

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in promoting healthy action and healing, and in guarding against septic infection. But wherever any breach of surface occurs, giving access to atmospheric action, which is so commonly attended by septic disturbance, antiseptics present at once the best protection and safeguard. In midwifery these breaches of surface occur so frequently that they may be regarded more as a rule than as an exception, and when we consider the foul character of the discharges, continually bathing them we find a most frequent cause of puerperal fevers and a common cause of death. Knowing the great need of cleanliness, we insure this with greater certainty by the use of antiseptics begun in season, before any putrifaction process has had time to begin. But I would not go as far as some, who begin their use even during labor, unless as a preventive of contagion through the hand of the accoucheur. After labor, especially if it has been at all difficult and accompanied by any laceration of the uterus, vagina or perineum, with our present knowledge of the causes of puerperal diseases, a failure or neglect to properly use antiseptics would be inexcusable. For here we have all the conditions most conducive to the production of septic diseases, a contused and lacerated wound, fetid discharges, and a depressed condition of the system from the exhaustion attending and following child-birth. As fetid discharges form in the womb itself, which would readily poison the system by gaining access through the uterine veins, it becomes necessary to begin and carry out antiseptic irrigation in its cavity, and this can only be effectually and reliably done by the accoucheur himself. To trust to the monthly nurse would be folly, and worse, as she would be incapable of performing the work properly. This I have discovered to my great sorrow, and hence, I cannot insist too forcibly that in a matter of such vital importance it becomes the duty of the accoucheur to give his own personal attention to this antiseptic irrigation. In natural cases of labor, accompanied by very little fatigue, and no laceration or abrasions of any consequence, there is no doubt that

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nearly all of them will recover without any trouble, and antiseptics may be dispensed with. But as there is just a possibility that some trouble might occur, would it not be better to make the use of antiseptics general and imperative in all cases? As a matter of course the frequency of repetition would depend on the character of the case, always regarding cleanliness and freedom from fetor as the object. In many cases irrigation morning and evening would be sufficient, but if the thermometer shows a rise of temperature, more frequently.

As new theories are apt to be made hobbies, it is probable that the use of antiseptics in midwifery has been overdone by a few; but there can be no doubt that their general use would be the best preventive of puerperal diseases; not only when used with the mother, but also by the accoucheur, to destroy contagion in his own case, and thereby enable him to meet his engagements without the fear of communicating disease.

Dr. JEROME COCHRAN, of Mobile, said: I want to say a few words in regard to this matter, because I think they ought to be said by somebody. I have been surprised to see the extremes to which some of our authorities—and some of them very high authorities, too—are disposed to push the use of antiseptics in midwifery. It may be that in certain maternity hospitals, contaminated by long use, or in certain crowded and unhealthy quarters of large cities, the more frequent use of antiseptics as a precaution to ward off the onset of infectious puerperal maladies is demanded. This, I say, may be. But I am very certain that in Alabama, whether in our cities and towns, or in our country neighhoods, in an immense majority of our cases, no antiseptic interference is needed. The proof of this is overwhelming. Our doctors and midwives have been practicing midwifery for several generations, and in many hundreds of thousands of cases without antiseptic precautions, and the cases that have been complicated with infectious puerperal diseases have been very rare indeed.

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But I not only hold that here in Alabama, antiseptic midwifery is unnecessary, expensive, and troublesome, and therefore to be avoided; but I go further. I am very gravely inclined to believe that it may also, and in a very large number of cases, if it was universally practiced, become mischievous, and do a great deal of positive harm. In the natural woman, labor is a purely physiological process, and nature is able to manage it very well with very little interference on the part of the midwife, and usually the less the interference the better for both mother and child. It is true, that the women of our modern civilization, especially those of the wealthier classes of our people, those who grow up in the boarding school and ball room, and whose nervous system has been greatly developed by the cultivation of their intellectual and æsthetic faculties to the neglect of physical strength, have, to some extent, become artifical creatures, and that in them the bearing of children is not performed under entirely normal and physiologic conditions. They suffer more in many ways, and are more dependent on the art of the obstetrician. But even these cannot get very far away from nature, and even with these it is easy to push our obstetric interference too far.

The practice of antiseptic midwifery in cases of natural labor, or as a general means of precaution, is based on purely theoretical grounds. It is known that the air is always more or less charged with living germs. It is known that aerial germs often give rise to infectious diseases; hence, the conclusion is drawn that it is always best to be on the safe side, and to invoke in all cases the prophylactic assistance of antisepsis. This is a plausible way of arguing the question. But the sufficient reply is, that the immense majority of puerperal women pass through the puerperal process without antisepsis, and without suffering from septic or infectious diseases.

Dr. Riggs said: He found himself in the attitude of putting the brakes down again; we were again too much disposed to follow the fashion. He regarded it as absurd to

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douche out every woman's vagina after child-birth; there was no call for interference in any way in many cases; he was satisfied that there were some labors that were so perfectly healthy that no interference was required other than the ordinary bathing which a midwife could give.

His rule was to use, about the third day, an injection of a solution of Laborraque's chlorinated soda, or Darby's prophylactic fluid in warm water, if there was anything offensive in the lochia. He preferred these to carbolic acid, because they were odorless, and just as good or better paricitisides.

Dr. MICHEL, of Montgomery, said: It was his opinion that the time had come when the continued washing out of the vagina with disinfectants after every case of normal child-birth, must be abandoned. The nozzle of a number one Davidson's syringe, in the hands of a monthly nurse, was a dangerous instrument.

If the accoucheur has delivered the placenta and the membranes carefully; if the lochia is not offensive; if the atmosphere of the lying-in-room is inodorous, I see no reason for subjecting the woman to these frequent, and unnecessary vaginal ablutions.

A recent letter from Vienna, published in the Florida Medical and Surgical Journal, states, "that vaginal douches have been discarded altogether after cases of normal child-birth at the hospitals of that city."

If, on the other hand, we apprehend infection from something contained within the uterine cavity, it becomes the duty of the obstetrician immediately to introduce his double uterine canula, and wash out that cavity with some disinfectant. Dr. Michel said he preferred the Darby's prophylactic fluid—the permanganate of potassa.

Drs. Weatherly, B. J. Baldwin, Jordan, and Love, of Atlanta, Ga., took part in the discussion, but failed to furnish their remarks.

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FOURTH SUBJECT.

MALARIA—ITS CAUSES AND PREVENTION.

1st. What is malaria? For a very long time this was an unsettled question, and with a good many it still remains so. As a general thing the conditions essential to the evolution or development of malaria are well known; and it would appear that the proposition of such a subject for discussion is "stale, flat and unprofitable." But when we consider the very great importance of a thorough understanding of malaria, on account of its wide-spread diffusion and its great influence in the prevention of disease; its destructive action on the blood and on the whole animal economy, breaking down the health and rendering some of the most beautiful portions of our Southern country spurned as pestilential, too much stress cannot be laid upon it. So general is the power of malaria in impressing its baleful influence upon the system, those physicians who are best acquainted with Southern diseases are always on the *qui vive* to discover its lurking presence in nearly every case of sickness, knowing that until its interference is eliminated very little can be done in the way of cure. Perhaps nothing has stood so much in the way of the development of the South as this one simple drawback; but as everything yields to the might of knowledge, so this fearful blight is slowly but surely disappearing, and leaving our sunny land bright and beautiful with health. As the thousand ills to which flesh is heir are the curse and penalty of ignorance, so is malaria the curse of a slothful and benighted people; slothful, because permitting the rank poisons that fester in the bosom of mother earth to fill the air with danger and death, instead of drawing forth into bearing fields of corn and cotton the food that gives these poisons strength; benighted, because blind to the now present decay that finds in heat and moisture its deadliest power. Cool the surface of the earth with rapidly growing vegetation, which also feeds upon the products of decay, and drain away its

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surplus moisture, and soon we'll see malaria put to flight. In some places, as along the rich alluvial bottoms of our water courses, where it is scarcely possible to neutralize the rapid development of decaying matter, even by the highest cultivation, malaria must continue to exist; but it can be shorn of so much of its strength it need not be feared; knowing its time of greatest danger it can easily be avoided, if it cannot be entirely conquered. That the *materies morbi* of malaria is a germ (the bacillus malaria), is made manifest by the experiments and researches of Tommasi-Crudelli and Klebs, as well as others, and that this germ is called into greatest activity by heat, moisture and decaying organic matter, is so thoroughly understood that we measure the danger by the increasing power of these combined conditions; rather doubting the evidence of our senses when they appear to be wanting, than disbelieving in their power and presence. Like the germs of yellow fever, the germ of malaria keeps near the ground, although it may be driven upwards along declivities and mountain sides to a great height by winds. It is also stopped in its progress by what is called a cable's length of water, and this is so well known, that on the deadly coast of tropical Africa ships lay at no great distance from the shore with impunity. For more than two years that I spent on the western coast of Africa, most of the time our ship being at anchor not far from shore, malarial fevers were almost unknown. Besides water, any object of sufficient size and extent will serve as a defensive barrier against the attacks of this germ—a grove of trees or continuous buildings. Some trees, from the great rapidity of their growth, their powerful and rapid absorption of moisture, and strong balsamic odor given off by their leaves, are supposed to act as destroyers, consumers, or prophylactics of malaria, as the blue gum or eucalyptus; but our severe winters have made their introduction even in the latitude of Mobile impossible. Perhaps our sweet gum might serve the same purpose.

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DR. RIGGS, said: That he did not propose to say anything of the investigations of Fancisi, Tommasi-Crudelli, Mitchell, Salsberry, Sternberg, or other bacteriologists who had studied this subject, as their researches were known to all. We were in no position to criticise the statements of these scientists; we had to watch and wait for the fulfillment of time, hoping that something positive might come after a while.

He believed, however, malaria to be a living vegetable germ, and governed by the same rules that govern other vegetable germs or seeds. It was no more inexplicable to him why malaria should be found in certain localities in a section of country and absent from others, even though contiguous, than it was that the blue gentian, the thistle, or golden rod were found only scattered about here and there over a field; they had hundreds of seeds that were wafted about by the winds in all directions, and yet but few of them grew. So, again, you will no more have malaria in a locality, though all the environment be propitious, without the deposit of the parent germ there, than you would have a turnip-patch, prepare your ground ever so wisely, unless you put the turnip seed there. Malarial germs do not thrive everywhere, as witness the gulf sections of Louisiana or the low-grounds of portions of India; neither do the seeds of the daisy or the broom-corn.

Again, malaria is like a living vegetable germ in the known means of its destruction. You can drown it out, or sterilize it out, just like any other vegetable. Standing water or ground water, maintained at a fixed and high level, will as effectually drown out malaria as it will the cotton. Dry the soil by ditching, subsoil drainage, or judicious cultivation, will also destroy malaria. Shade trees act doubly, they dry the soil and shade the surface, both of which are inimical to vegetable life. Malaria thus seems to be governed by the same rules that govern the propagation and growth of low and feeble orders of the vegetable. By analogy it seems to be a living vegetable substance.

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Dr. Seelye discussed this subject, but did not furnish what was said by him.

Dr. Jerome Cochran announced that the photograph artist was now in the house with his camera, and desired to take the members of the Association in a group. On motion, the Association accepted the proposition.

On motion of Dr. Edward H. Sholl, of Birmingham, the Association adjourned to afternoon session at 3 o'clock.

Afternoon Session.

The Association re-assembled at half past three o'clock, and was called to order by President Peterson, when Dr. Heustis resumed the omnibus discussion, and announced the

FIFTH SUBJECT.

THE MOST FAVORABLE CLIMATE FOR CONSUMPTIVES, IN THE DIFFERENT STAGES OF THE DISEASE.

That climate exercises a great influence on the development and cure of consumption has long been an established fact, but from the variety of opinions expressed about hot and cold, dry and moist, equable and changeable climates, as well as about the curative power of high altitudes, it is well to consider the relative advantages of all. It is, I believe, an accepted fact that consumption is unknown within the tropics and polar circle, and diminishing in frequency in mountainous countries, disappears at a certain altitude. In such countries as Florida, where the climate is warm, moist and equable, it is so rare as to be scarcely known among the native population; and the same may be said of such hot and dry countries as Syria and Egypt. In Minnesota, where it is cold, bracing and dry, we again find it a very rare disease; and in the elevated regions of Colorado, New and Old Mexico, and along the great Rocky Mountain slope it disappears. In the dry atmosphere of the interior of Texas, as in San Antonio; in our own State at Citronelle, about thirty miles north of Mobile; at Aiken, in South

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Carolina, and in the dry and more bracing and rarified atmosphere of Ashville, in North Carolina, we find most favorable climates. But how shall we select from these? We need say nothing of the climates of the old world—Madeira, Spain, France, Italy, Egypt and Syria—they are too far off, and no better than ours near at hand. In selecting a climate, the first consideration must be the state of our patient's health, whether disease has so sapped the powers of life as to render active out-door life impossible, or whether it is just beginning to get a foothold. Where debility, irritability, cough and wasting are conspicuous, the equable warm and moist atmosphere of east and southern Florida would appear to be peculiarly appropriate, as affording the greatest opportunity of out-door life without fatigue or the risks of exposure. In incipient cases, when there is yet but little encroachment upon the lungs, or much loss of strength, the mountain air of Colorado, by its expanding effect upon the air cells of the lungs might check the progress of the disease entirely; and the same may be said of the climate of Minnesota, New and Old Mexico. When the disease has advanced a little further, but still not so far as to prevent horse-back exercise, Ashville, North Carolina, San Antonio, Texas, or Citronelle, Alabama, or Aiken, South Carolina, would hold out good promise of improvement, or checking its more rapid progress. With the improvement of health of our patient the question arises, shall we remain in the same climate, return home, or seek another, and perhaps more bracing climate. This should, I think, be determined by the amount of improvement. If progressive, let him remain where he is as long as it is so. If not, but still not retrogressive, let him seek another, perhaps more favorable. But to return home while the disease is still at all active is surely fatal, as I have often seen. The question of dryness or moisture is one not always easily determined as to its beneficial effect. Sometimes when the cough is very harassing and debility too great to admit of active exercise, a moist climate soothes the irritability, and to that

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extent gives rest, allowing the recuperative powers of nature to assert themselves. But, ordinarily, a dry climate has a more restorative action by increasing exhalation from the lungs and skin. And when the lung is not much encroached on by disease there can be no question but that the rarified atmosphere of Colorado and New Mexico, by increasing the efforts of respiration and expanding the lungs, has a powerfully restraining effect upon the progress of the disease, and the increased capacity of the chest is a direct result—strength and improved nutrition rapidly returning in response to increased respiratory power.

No remarks were made upon this subject.

SIXTH SUBJECT.

THE BEST METHODS OF CONDUCTING QUARANTINE, WITH THE LEAST SACRIFICE OF LIFE, AND THE LEAST INTERFERENCE WITH COMMERCE AND THE LIBERTIES OF THE PEOPLE.

So much has been said and written on the subject of quarantine of late years, and the question has been one of such absorbing interest to the Southern States—calling out the energies and intelligence of the most powerful minds in our profession—there would appear to be nothing left to discuss, or no question to be determined; and no doubt many will wonder why the consideration of a subject so trite is proposed. But when we look at the irregular and harassing manner in which quarantine is conducted, it must be admitted that it is not what it should be, and that there is still room for improvement. As regards maritime quarantine, the plan of rapid and thorough disinfection, and cleansing of infected vessels, and a short detention of passengers and crew, to determine whether any sickness will show itself among them, at a point sufficiently remote from the city as to cut off all possibility of imparting the disease, is all that is required. But is it necessary to detain in quarantine every vessel from an infected port, whether there has been sickness on board or not? The mere fact of

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a vessel coming from an infected port is no proof of infection of the vessel; and if in a passage of thirty or forty days, no infectious disease has occurred, especially in a crew that has never had such disease, there does not appear to my mind sufficient reason for detaining such vessel. And what is more reprehensible still, is the detaining and disinfecting of vessels coming from ports not infected, simply on suspicion, notwithstanding her bill of health shows no sickness having occurred on board during, perhaps, a long voyage, and no sickness in the port from whence she sailed, but because the port was within a certain latitude. Such unreasonable quarantine is calculated to do more injury to commerce than benefit to the port conducting it. But it is in inland quarantine the wildest and most absurd methods have prevailed. Let but a single case of yellow fever be reported as occurring, and see how all reason flies before the panic it calls forth. Quarantine must be established at once against the place, and all connection with it must be stopped. No matter how remote from the case a person may be, he must be quarantined. And in this way many a one who has never had the disease, and who would seek safety in flight, is compelled to remain and fall a victim to it. Not only are all persons prohibited from entering the place declaring quarantine, but all commerce with the quarantined spot is stopped. The amount of harm done in this way is incalculable, and the amount of good very questionable.

In the beginning of an epidemic of yellow fever (and it is of this disease particularly, I am speaking), the infection is confined to one locality, and there is no more danger of persons, or merchandise, in other localities conveying infection, than if it did not exist. For, truly, it does not exist. The disease spreads slowly, in radiating lines, and some time elapses before it really becomes epidemic. Sometimes it does not become epidemic, and the larger portion of the population are entirely free from infection. As for merchandise becoming infected, I doubt if it ever does, except

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on board vessels, when infection from diseased individuals exists, or has existed, as a consequence of a confined atmosphere. But in the business portion of a city or town where people do not reside, and no one is ever sick in immediate proximity to articles of merchandise, to suppose that they become infected is certainly very improbable. Besides, articles exposed freely to the air do not carry infection, and many articles could not become infected under exposure to the common atmosphere of an infected place on account of their character—as hardware, machinery, tools, woodenware, &c. But we see no discrimination made, no matter how great and pressing may be the need. If it is shown by the certificate of a reputable physician, indorsed by the health officer, that persons and goods have not been near enough an infected spot to become infected, there certainly should not be any interference with the passage of either anywhere.

Dr. Cochran, of Mobile, said: I want to thank Dr. Heustis for the position he has taken in regard to quarantine. I claim to know something about quarantine, at least in its relations to yellow fever. I have been in one way or another associated with yellow fever in every epidemic that has occurred in the South since 1855. I have been, too, somewhat extensively associated with quarantines and quarantine work, both by land and sea. I have enforced quarantines against others, and I have had quarantines enforced against me. I have been inside of quarantines, and outside of quarantines. I have been detained for weeks at quarantine lines, and I have managed to slip through quarantine lines, in violation of the quarantine regulations. And, besides all this, I have written somewhat extensively on the subject of quarantine, my Theory and Practice of Quarantine, being, so far as I know, the most elaborate and comprehensive treatise on quarantine that has ever been put into print. This was written in 1879, and was published in the Transactions of this Association for 1880. In that paper I undertook to predict that the quarantine of the fu-

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ture would be a purely local quarantine; that, except under special circumstances, we would cease to ward off yellow fever by an expensive surveilance of travel and commercial intercourse, and by the detention of vessels from yellow fever ports, and trust to our ability to restrict its spread in any community after it had manifested its presence by the occurrence of cases in the community. The experiment of course is too dangerous to be deliberately tried, but advantage ought to be taken of every occasion that offers to see if it is not possible, by means of absolute isolation, and to this disinfection should be added, to restrict the spread of yellow fever, and confine it to the very locality, often to the very house in which it makes its first appearance. *Obsta principiis.* Let us oppose the beginnings. When a case of yellow fever occurs in a town let the health authorities take possession of the house in which it has found lodgment, and let them make all intercourse with that house impossible, except under such precautions as are known to be safe. Do this, and I believe that the infection may be confined to its original limits, and prevented from spreading through the community, just as the spread of a fire may be prevented. And why not? We know that disease germs are conveyed through the air only to very short distances—that it is a very rare thing, indeed, that they cross a street even, unless they are carried across by human creatures. This being so it does seem reasonable to believe that by the proper supervision and isolation of first cases the outbreak of epidemics can be prevented.

If these principles should ever be demonstrated to be correct, the magnitude of the practical consequences that must flow from them cannot well be overstated. One will be an immense simplification of our quarantines, and an immense reduction in their cost. One will be the removal of many of the delays and other vexatious and expensive influences that now obstruct and shackle the commerce of our southern sea-coast cities. Still another would be that the announcement of a case of yellow fever at one of our

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gulf ports would not be the signal for a universal quarantine of non-intercourse on the part of all tributary interior towns. Take Mobile for instance, and suppose there was a case of yellow fever—a case with a well known history, and the only case in the town—in the city hospital. The announcement of such a case would cause a panic in all the adjacent country. People from the interior would be afraid to go to Mobile at all, and Montgomery and other towns on the railroads and rivers in communication with Mobile would at once proclaim quarantines of non-intercourse. Now I undertake to say that there is no need of all this excitement and of all these elaborate and expensive precautions. Under the circumstances I have indicated a thousand unacclimated men might visit all the business parts of Mobile—all parts of Mobile indeed except the city hospital—and might remain there for weeks with absolute impunity; with absolute safety from all danger of yellow fever. Fire itself cannot burn you unless you get very near it indeed; and there is no danger from yellow fever except at very close quarters—juxtaposition in fine, as Praed phrases it about another thing.

THE BANQUET.

On motion, the Association adjourned to participate in a banquet at the Anniston Inn, tendered by the Calhoun County Medical Society and citizens of Anniston, in its honor. It has grown into an apothegm, that festive occasions like this cement friendships, sharpen the wits, expand the views, soften the asperities, and throw into the waste-basket of forgetfulness whatever should be consigned to oblivion; and we trust this pleasant gathering formed no exception to the rule. The banquet reflected credit alike upon the aforesaid society and the citizens of the thriving little city, and will be long remembered as a pleasant episode in the social and professional life of the members of the Medical Association of the State of Alabama.

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THE PROCEEDINGS OF THE FOURTH DAY.

FRIDAY, APRIL 16.

The Association was called to order by the President, Dr. Peterson, at 10 o'clock, A. M.

Under the head of miscellaneous and unfinished business, next in order, Dr. J. H. Johnson, superintendent of the blind asylum at Talladega, through Dr. Benjamin James Baldwin of Montgomery, extended an invitation to the Asssociation to visit that State institution.

Dr. Benjamin H. Riggs of Selma, Dallas county, offered the following—

RESOLUTION OF THANKS.

WHEREAS, We, the members of the Medical Association of the State of Alabama, recognizing that the annual session of the Association just held at Anniston has been cne of the most profitable to the Association, and one of the pleasantest to those in attendance thereon which we have ever been permitted to enjoy ; therefore

Resolved first, That the thanks of the Association be, and are hereby, extended to the citizens of Anniston for the successful efforts they have made to accomplish this result.

Resolved second, That the thanks of the Association are hereby extended to the various railroads centering at this point, and to the several hotels of Anniston for a reduction in their regular rates.

Resolved third, That especially are our thanks due to the Calhoun County Medical Society for the success of this session, as to the arrangements made through their local committees, is largely due whatever of pleasure and profit has attended our session here.

Finally, we will return to our homes with renewed confidence in the great future of our State, from having witnessed with our own eyes what the sagacity of the Tylers and the Nobles—citizens of our beloved Alabama —have accomplished in transforming, in less than twenty-two months, a beautiful but undeveloped cove in the mountains, into a lovely, well appointed and well built little city.

The preamble and resolutions were unanimously adopted, with a rising vote.

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Dr. Edward H. Sholl, of Birmingham, moved that the President be requested to appoint a delegate to represent this Association at the approaching meeting of the Medical Association of the State of Georgia. Adopted.

The chair then appointed Dr. Mortimer Harvey Jordan, of Birmingham, as fraternal delegate.

Dr. Jerome Cochran, Senior Censor, now proceeded to read the thirteenth annual report of the Board of Censors, which here follows:

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THIRTEENTH ANNUAL REPORT OF THE BOARD OF CENSORS, INCLUDING REPORTS OF THE STATE BOARD OF MEDICAL EXAMINERS, AND COMMITTEE OF PUBLIC HEALTH.

SUMMARY OF CONTENTS:

PART I. THE REPORT OF THE BOARD OF CENSORS.—The Work of the State Association—Dr. McDaniel's Amendment—Members Should Abide by the Will of the Association—Ordinance in Relation to Certain Duties of Members—Counsellor Pledge—Ordinances in Relation to Elections—Annual Message of the President—The Revision of the Minutes—The International Medical Congress—The Work of the County Societies—Investigation of Delinquent Societies—Applications for Charter—The Report of the Secretary—The Report of the Treasurer.

PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.—The Work of the State Board—Cases Under the Law to Regulate Practice—Additional Rules for the Boards of Medical Examiners.

PART III. THE REPORT OF THE STATE BOARD OF HEALTH.—The Work of the State Board—Expenditures for the Year Ending March 31st, 1886—An Ordinance in Relation to the Public Health and the Collection of Vital Statistics—Resolution to Support Existing Laws—The Work of the County Boards of Health.

PART IV. THE REPORT OF THE STATE HEALTH OFFICER.—The Administration of the Health Laws—Circular Letters—The Conference of State Boards of Health in Washington in 1885.

PART V. SUPPLEMENTARY PAPERS.—Decision of the Supreme Court in a Case Involving the Law to Regulate Practice—The Congressional Bill to Establish a Department of Health.

PART I. THE REPORT OF THE BOARD OF CENSORS.

According to our usual custom, and in order that nothing may be overlooked, we consider separately the work of the State Association, and the work of the county societies.

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THE WORK OF THE STATE ASSOCIATION.

During the past year very little has occurred in the history of the Association that demands special mention under this head. Taken altogether the year has been one of satisfactory progress; the association has moved steadily forward on its beneficent mission; and although a few clouds are visible on the verge of the horizon the outlook for the future is full of encouragement.

Next winter the general assembly of the State meets in biennial session; and we will no doubt have the usual crop of bills seeking to repeal or modify our medical and health laws; but if the members of the association remain faithful we may confidently rely on the representatives of the people to resist these attempts, as they have resisted similar attempts heretofore.

With these few preliminary remarks we proceed to the consideration of the various special measures which have been referred to us, or to which we desire independently to call the attention of the association.

DR. M'DANIEL'S AMENDMENT.

At the Greenville session of the association last year Dr. E. D. McDaniel, of Wilcox county, offered an amendment to the constitution in the following words:

Be it ordained by the Medical Association of the State of Alabama, That an additional class of counsellors be created and recognized as emeritus life counsellors, said counsellors to be composed of those who shall have been in regular succession junior counsellors, senior counsellors, and grand senior counsellors, and who shall regularly have become grand life counsellors after having filled the term of five years as grand senior counsellors, or who in consideration of special services, of advancing age, or other cause or causes satisfactory to the association shall be elected to said class; and that this class of emeritus life counsellors be exempt from the payment of any dues, and from compulsory attendance upon the meetings of the association, and be entitled to wear the badge obtained by them as grand senior counsellors, and to all the rights and privileges of other counsellors; and that the number of counsellors be one hundred over and above the said grade of emeritus life counsellors.

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The amendment to the constitution here proposed, if passed just as it stands, would have to be appended to the constitution as an additional section and article. The section number would be eighteen and the number of the article ninety. Such an arrangement would leave the constitution in apparent conflict with itself, and the old section five and the new section nineteen would be inconsistent with one another. It is important to note this, because hereafter some knowledge of the history of this new section and article will be necessary to make it possible to reach a satisfactory explanation of the inconsistency mentioned, and to fix the real meaning and intent of the constitution. The only way to accomplish the object of this proposed amendment without doing violence to the harmony and symmetry of the constitution would be by the reconstruction of section five, and this it hardly seems advisable to do just now. We mention these merely formal difficulties, not because they are insuperable, but because as far as they go they ought to be duly considered.

The important question to be discussed is this, namely: Whether the interests of the association would be promoted by the creation of this new class of counsellors.

We have given this question a great deal of anxious thought, and we have found it difficult to reach a definite conclusion in regard to it.

It will be conceded without argument, that the college of counsellors constitute the real strength, the heart and brain of our organization. It will be conceded, also, without argument, that anything which would in any way diminish the power and efficiency of the college of counsellors would to the same extent prove detrimental to the best interests of the association. Still, again, it will be conceded that any tenderness towards individuals, on account of special services, or of advancing age, or of any other grateful or gracious reason, is not to be allowed to have any considerable influence in determining the question in hand, and that the good of the association alone—first, last, and

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all the time—must guide our action. Whenever we weigh the interests of individuals against the interests of the association our organization will be already tottering to its fall.

There are not more than fifteen hundred doctors actually engaged in the practice of medicine in the State of Alabama; and it is safe to say that not more than one thousand of these are of respectable ability and acquirements. It is further safe to say that not more than one-half of this thousand are so blessed with health and fortune as to be qualified for membership in the college of counsellors; and even this five hundred must be still further diminished by the substraction of those who are too young, and of those who are too old, and of those who are not willing to assume the duties of the counsellorship. One word here in passing. We have no disposition to underestimate our young men, but mature years and the experience that comes with the discipline of life are the common conditions of wise counsel. Our young men can afford to wait. All that their seniors have will be theirs in due time.

This crude analysis shows that the reserve of competent professional men whence we must draw our working century of counsellors is by no means large. On the contrary, it is so small that it may easily be exhausted. It behooves us, therefore, to hang on to our counsellors as long as we can, and especially to those of maturer years and disciplined wisdom, and not to offer a premium to induce them to withdraw from active service by providing for them more honorable and less onerous places.

In this same line there is another argument that deserves attention. The great majority of our newly elected counsellors are now, and will always continue to be not more than from thirty to thirty-five years of age. Add fifteen years to this as the term of active counsellorship, and the age of retirement from active work would come at from forty-five to fifty years of age, or less. This is to give up our best soldiers too soon; this is deliberately to break

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down the efficiency of our army; and in many ways to lose prestige and power; and this we cannot afford to do.

We have thus hurriedly given one side of the question. But it has another side which we have no disposition to overlook. The amendment proposes the removal of the burthens of the counsellorship, with the retention of all its honors and privileges, after fifteen years of active service; and the principle arguments in favor of this are these that follow:

(1) That fifteen years of continuous service as a counsellor supposes already a considerable expense of time and money; as much of both, indeed, as the average doctor is able to afford or can be reasonably expected to give; and that this long service and liberal expenditure are entitled to honorable recognition.

(2) That the prospect of obtaining such a position as that of grand life counsellor after fifteen years service will encourage a great many to hold on for that length of time, who, but for such prospect of reward would have fallen out of ranks in much less time.

These arguments have a certain amount of force; and if we pass this amendment at all it must be on some such grounds as these. But to a certain extent, even these arguments admit of easy reply. We believe it will be admitted by all who are familiar with our organization, that even now the position of a counsellor is too honorable to be lightly given up; and we are sure we can always keep our century of counsellors complete without other inducements than those already in existence.

Besides the proposition to give to counsellors who have faithfully served the association for a definite number of years the high position of grand life counsellors, as a right fairly won, and as a recognition of services rendered, the proposed amendment also proposes to award this position as a matter of grace and favor, and at the discretion of the association, upon two other grounds: (1) On the ground of special service done the Association; (2) On the ground

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of advancing age. We have no hesitation in reporting this part of the amendment adversely. We believe it would be invidious to reward special service in this way. We all serve the association and the profession because it is our duty and our pleasure to do so. We have our reward in the consciousness of duty done, and in the admiration and gratitude of our fellow members. The greatest services any of us can render the association is to expend our time and our money in its support and advancement. All of us do this; and it would be invidious in estimating the merit of members to go outside of this.

As to advancing age, it is a gracious and laudable sentiment that would lead to its reverent appreciation. But it is a sentiment after all, and hence very likely to lead to unwise action. The cases in which it could ever be desirable to make this a controlling consideration would be very few indeed, and the adoption of this scheme would almost certainly open the way for the entrance of abuses. On occasions when it would be only partly true, it would be urged by some partial friend: "He is old, he is poor, he has done good service, let us relieve him of the burthens of the counsellorship." It would seem ungracious to make objection, the members would weakly yield, and a wrong would be done the association. Besides, there is already prepared for this class of cases, after ten years service as counsellors, an honorable position on the roll of the correspondents, which corresponds to honorary membership in other societies.

After carefully weighing all these arguments, *pro* and *con*, and with the exercise of our very best judgment, we have reached the conclusion that it will perhaps be to the best interest of the association to create this new class of grand senior life counsellors, provided the preliminary term of service is increased to twenty years, instead of fifteen, as recommended in the proposed amendment—ten years to become a grand senior counsellor, and ten years more to become a grand life counsellor—twenty years of active service,

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and then the removal of all the burthens, with the retention of all the privileges.

We therefore recommend that Dr. McDaniel's proposed amendment be modified so as to read as below; and that so modified it shall be numbered section eighteen, and article ninety, and adopted as part of the constitution of the association:

Be it ordained by the Medical Association of the State of Alabama, That a new class of counsellors be, and is hereby created, in addition to the century of counsellors provided for in section five of the constitution of this association; that said new class of counsellors shall consist of such persons as have served the association as counsellors for the full term of twenty years under the provisions of said section five; that the members of said new class of counsellors shall have all the rights and privileges belonging to the century of counsellors; and that they shall owe the same services to the association, except that they shall be exempt from the payment of the annual dues, and from compulsory attendance on the annual sessions. They shall be known as grand senior life counsellors.

ALL MEMBERS SHOULD ABIDE BY THE WILL OF THE ASSOCIATION.

It is so universally recognized that the members of any organization of men owe to that organization faithful allegiance; that they are under obligation to conform loyally to its constitutional requirements; and that they should work earnestly for the success of its plans and policies; that in framing the constitution and rules of this association all these things were taken for granted and were not embodied in formal enactments. Circumstances in our recent history, however, suggest with most eloquent tongues that some of our members need to be reminded that these fundamental duties have not been abrogated by any of the new developments in the advancing science of ethics. We therefore recommend the adoption of the following ordinance and counsellor's pledge:

ORDINANCE IN RELATION TO CERTAIN DUTIES OF MEMBERS.

Be it ordained by the Medical Association of the State of Alabama, (1) That it is the sense of this association that all of its counsellors and members are in honor bound to give their faithful and earnest support to all of its

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declared plans and policies; (2) That it is inconsistent with this duty for counsellors and members of the association to antagonize any of these said plans and policies, either in the public press or in the general assembly, or in any other ways than such as are laid down in the constitution and ordinances of the association; (3) That counsellors and members should not appeal to the courts of the country against decisions of the association in which they are personally concerned, *except* to protect themselves against manifest and grave injustice, it being manifestly better for them to suffer from small wrongs rather than to have them righted in this way; (4) That all counsellors and members should be willing to settle all differences growing out of their relations to the association within the association itself, and to acquiesce in the constitutionally expressed will of the constitutional majority; (5) That violation of this ordinance shall furnish grounds for impeachment and for such punishment—censure or expulsion—as to the association may seem expedient; (6) That the provisions of this ordinance shall also apply, *mutatis mutandis*, to the County Medical Societies in affiliation with this association in questions arising between the societies and their members; and that members of county societies should not carry their society grievances into the courts except as a means of last resort, and after appeal to the association.

COUNSELLOR'S PLEDGE.

Having been elected a Counsellor of the Medical Association of the State of Alabama, I hereby formally accept the position with all its honors, duties, and expenses; and give my deliberate and solemn pledge and promise to observe faithfully in letter and in spirit the constitution, ordinances, and rules of said association; and in every way open to me to do what I can for the advancement of its power and influence and the accomplishment of the objects for which it was organized.

In testimony whereof I hereunto affix my signature this——day of—188--

.....M. D.

ORDINANCE IN RELATION TO ELECTIONS.

For reasons that are sufficiently evident without special argument, we recommend the adoption of the following ordinance:

Be it ordained by the Medical Association of the State of Alabama, That no member shall be elected to any of the offices of the association, or to the college of counsellors, unless he is in actual attendance on the session of the association at which the election is held; and no one shall be elected a counsellor who has not been a member of the association for five consecutive years, except in the case of members of county societies whose charters are less than five years old.

NOTE.—The foregoing draft for a new ordinance was overlooked by the

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Senior Censor in reading the Report of the Board of Censors, and hence, was not acted on by the association.

THE ANNUAL MESSAGE OF THE PRESIDENT.

There are three of the recommendations of the President's message that seem to require special notice at our hands.

(1) The first relates to the desirability of a permanent tenure of membership in the association on the part of those whose membership results from their connection with some county society. As to the general issue here we heartily agree with the president, and there is nothing in our rules which involves the forfeiture of membership to this class of members, because of any failure on their part to pay their annual dollar dues. The president suggests that for such failure they shall simply forfeit their right to receive the Transactions, and this is and has always been our rule. The only dues for the non-payment of which a member can be dropped, are the dues to his county society. While the dues to the county societies in the plan of constitution recommended for county societies by the association, reads nominally five dollars, the amount is put in brackets to fill up the blank; and it is well understood that every society can fix the amount for itself. In the cities especially, where the renting and furnishing of halls is expensive, the annual dues must be larger. In the country towns where the societies meet but seldom, and the necessary expenses are small the annual dues may be made much smaller. Indeed, in a good many of the county societies no regular dues at all are paid. If the society needs a few dollars for any special purpose, the hat is passed round and every one gives what he pleases.

(2) The second recommendation of the president, to which we propose to devote special mention, is that which contemplates a permanent home for the association. This scheme, especially when taken in connection with the acquisition of a special hall of our own, and the establishment

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of a medical museum and library, has something very taking about it. But as we have not now, nor in early prospect, the means to either build or buy either halls or libraries, the time is premature for any exhaustive discussion of this question. For the present, at least, it is certainly our best policy to retain our itinerant habits. Wherever the association holds a session it exerts a considerable educational influence on the doctors of the surrounding country, which is of great importance to us. This is an advantage we cannot well afford to give up. As a matter of fact professional conventions, whether of preachers, teachers, lawyers, or doctors, have never in other states found it expedient to hold all their sessions in one place, and we think it doubtful whether it will ever become expedient for our association to do so. At any rate, it is certain that the time to locate has not yet come.

(3) The third recommendation of the president's message which we proceed to notice is that which relates to the investment of our examining boards with the power to revoke licenses to practice medicine when licentiates have been guilty of unprofessional and criminal conduct, as for example, the production of abortion.

This is a proposition we have had to consider on several previous occasions. It was included in the original draft of the law to regulate practice as first presented to the general assembly; and was struck out on the ground that to give our examining boards this power would be to invest them with judicial functions in contravention of the constitution of the State.

This constitutional objection has proven to be well founded, as not long ago the supreme court of a western state set aside as unconstitutional the action of a state board which had undertaken to revoke a license to practice medicine. The desired end may be reached by the enactment of a law providing that medical practitioners guilty of certain offenses should be deprived of their licenses to practice. Such a statute would have to be enforced in the courts of the State.

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THE REVISION OF THE MINUTES.

In regard to the paper by the Senior Censor containing the correction of several parts of the minutes of the last session, and to the resolution of the association asking us to devise some plan by which the minutes may be more correctly printed hereafter, we beg leave to report the following resolutions:

(1) That only so much of the Senior Censor's paper on the Revision of the Minutes of the last session as refers to the actual correction of errors be published in the forthcoming volume of the Transactions.

(2) That in order to secure the more correct printing of our annual volumes of Transactions, the Senior Censor be requested to supervise hereafter the printing of the following named sections of the minutes, namely: (a) The Report of the Board of Censors; (b) The Action of the Association on the Report of the Board of Censors; and (c) The Revision of the Book of the Rolls.

THE NUMBERING OF THE ANNUAL SESSIONS.

We have considered the question referred to us in regard to the number of the annual sessions on the title pages of the Transactions; and we recommend that the present plan be abandoned, and that in place of the usual numerical designation there shall be printed the date of the organization of the association and the year *anno domini* of the session; as, for example, for the present session—organized 1847—session of 1886.

THE INTERNATIONAL MEDICAL CONGRESS.

It has seemed to us desirable that this association should take some stand in regard to the International Medical Congress which it is proposed to hold next year in the City of Washington. The members of the association are already aware of the facts that have led up to the present status of this proposed congress, and we will not give any recital of them here, but simply present for consideration the following resolution, which seems to us to be in consonance with the feelings of Alabama doctors generally in regard to this vexed question:

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Resolved, That whilst we do not heartily endorse all that was done in connection with the proposed meeting of the International Congress in 1887 at the meeting of the American Medical Association last May in New Orleans, yet we do hereby declare our entire sympathy with the grand object in view, and pledge the full co-operation of the Alabama State Medical Association in the effort to make the meeting of the International Congress a success.

THE WORK OF THE COUNTY SOCIETIES.

During the past year five new county societies have been organized; and while it is true that some of them are extremely weak on account of the small number of members on their rolls, still in view of the fact that they virtually embrace all of the doctors in the respective counties, the board has deemed it advisable to recommend that all of them be granted charters. This gives us fifty-five (55) organized counties out of the sixty-six counties of the State. Of the eleven counties which still remain unorganized six, namely, Marion, Winston, Clay, Geneva, Covington, and Washington, are sparsely populated and contain very few doctors who have been regularly educated in medicine, and in these organization may still be delayed for a few years. The other five unorganized counties, namely, Lauderdale, Franklin, Cherokee, Russell, and Dale, are respectively sufficiently populous, and have a sufficient number of doctors to constitute efficient medical societies; and it is greatly to be regretted that professional apathy, and want of professional enterprise, and, worse than all, professional jealousies and antagonisms, have up to this time been allowed to stand in the way of professional organization in these counties. In the meantime, it is gratifying to know that these obstacles are gradually passing away, and it is probable that in some or all of them societies will be organized during the present year.

The membership of the societies in most of the counties shows an evident tendency to increase. Still in a good many of the counties physicians are to be found who remain outside of the societies. This is not as it should be. Every

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practicing physician should be a member of his county society, and this for the reason that every practicing physician owes duties to himself, to the medical profession, and to the people amongst whom he lives, that he cannot adequately discharge in any other way than through professional organizations. It ought, also, to be a matter of special pride to every president of a county medical society to add to its membership until all desirable material has been used up.

The supervision of the county medical societies on the part of the state association constitutes a very important part of the duties of the various officers of the association. The general direction of this work is in the hands of the president—the commander in chief—who should see that all the other officers do their work thoroughly and well. He has as his immediate helpers his lieutenants—the two vice-presidents—who command the two grand divisions of the army, and whose special and permanent business it is to supervise the county medical societies, to look after their discipline and welfare, and to hold them up to the full measure of duty and efficiency under the constitution and ordinances of the association.

There are three points which just now demand special vigilance on the part of the vice-presidents, namely :

(1) To endeavor to influence all reputable physicians to become members of their county medical societies. This point has perhaps been sufficiently discussed already.

(2) To endeavor to influence all members of societies to pay their dollar dues so as to get copies of the Transactions. The annual volumes of Transactions are worth more than double the amount charged for them, and their general distribution is very much to be desired, since it is in this way only that members of the association can be made familiar with its work, and be placed in possession of such information as will enable them to participate in the accomplishment of its beneficent purposes.

(3) To endeavor to influence the societies to take such

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steps as will guarantee the attendance of their delegates at the annual sessions of the association. It would perhaps be a good rule for some of the societies to pay either the whole, or, perhaps better, one-half of the necessary expenses incurred by delegates in attending the sessions. But whether this method is adopted or not some means should be employed to make certain the representation of every county society at every session of the association. To this end we would suggest that it would be well for the vice-presidents to enter into a special correspondence—say in the month of January—with the officers of the county medical societies in their respective jurisdictions.

THE DUTIES OF DELEGATES.

It is important that delegates should recognize the character and extent of their obligations to their societies and to the state association. They should feel that for the time being they hold in their hands the honor, the dignity, and the business welfare of the societies they represent. They should be on hand at the beginning of the annual sessions of the association and should remain to the end. They should come prepared to represent their societies intelligently and to take part in all business discussions. They should be specially present on the first day of every annual session when the roll of the county societies is called for business reports; and on the last day of the session at the revision of the roll of the county societies. A few special words in regard to the two orders of business just referred to may not be amiss:

(1) The fifth order in section xv of the constitution of the association relates to business reports of county societies, etc. When this order of business is reached in the first day's session, the roll of the county societies is called, and the annual reports of the respective societies are to be handed in to the secretary of the association by the delegates. These annual reports are sometimes quite lengthy, and it would not always be convenient to read them all *in*

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extenso. Under the circumstances, therefore, in this order of business it is expected that when the name of any county is called the proper representative of said county shall rise in his place and make a brief statement of what his society has done during the preceding year; how many meetings it has held; what the attendance on the meetings has been; what papers have been read; what discussions have occurred; in what way the society has discharged its various duties under the laws of the State; what ordinances have been adopted; what trials of members have been held; in a word, to give an abstract and brief chronicle of the doings of the society for the year covered by the report handed in. In doing this he may speak from memory of the facts; or he may read a condensed statement prepared for the purpose; or he may read such selected parts of the report itself as are germane to the purpose in view. In this way the association is officially informed of the status and work of all the county societies on its roll, and is in a condition to take intelligent action in regard to them. Delegates should prepare themselves in advance for making these reports, so that they may do justice to themselves and to the societies they represent. If any society fails of representation—a thing that ought never to occur—then when the name of such society is called, if the annual report has been rendered, the secretary of the association may read such parts of it as are appropriate to the occasion, or make such statement of the facts as may seem expedient. In making up the minutes of the session the secretary may refresh his memory and verify his notes by reference to the annual reports in question. It is to be hoped that this important order of business will be so conducted in the future as to fulfill the purposes for which it was devised.

(2) In the order of the revision of the rolls the roll of the county societies is again called. On this occasion the answers are purely formal, and the whole method of procedure is given in section 1 of the ordinance in relation to the revision of the rolls, which will be found in its proper place in the Book of the Rules.

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INVESTIGATION OF DELINQUENT SOCIETIES.

At the revision of the roll of the county medical societies at the last annual session of the association the board of censors were ordered to investigate the status of the societies of Blount, Chilton, Colbert, and Crenshaw; and the consideration of the proffered surrender of its charter by the Greene county medical society was continued to the present session. We take up these cases *seriatim:*

(1) The Blount county medical society, according to the secretary's record of the last session, rendered its annual report and paid its dues. It must therefore have been referred to the board of censors by mistake. We therefore recommend that we be discharged from the further consideration of this case, and that the Blount county medical society be retained on the roll.

(2) The Crenshaw county society was referred to the board of censors at the Selma session of 1884 for failure of representation, annual report, and payment of dues. All of these duties were complied with at the last annual session, and we have the assurance that the members have recently shown more interest in the organization. As a county board of health this society has not done its duty, but in this regard it may be safely left for the present to the State health officer. We therefore recommend that we be discharged from the further consideration of this case, and that the Crenshaw county society be retained on the roll.

(3) The Chilton county society is not in a promising condition. It has, however, recently held an election to fill the vacancies in its roll of officers, and promises to do better for the future. We therefore recommend that we be discharged from the further consideration of this case, and that the Chilton county medical society be retained on the roll.

(4) The Colbert county society seems to be dying for the want of a leader. The doctors generally seem to be disposed to keep up the organization; but no one seems to have the ability and disposition to give wise direction to the work. Special efforts, including two visits by the senior

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censor, have been made to infuse new life into this society, but so far without appreciable result. It would seem as if the time had come when the charter would have to be withdrawn. We are, however, extremely reluctant to give up one of our societies. We therefore recommend that for the present the Colbert county medical society be retained on the roll, and that we be authorized to continue this investigation for another year.

(5) The Greene county medical society has decided not to insist on the surrender of its charter, but undertakes to continue in the discharge of the duties imposed upon it by reason of its affiliation with this association. In reaching this conclusion the society has lost a considerable part of its membership. It is hoped, however, that this loss will soon be made good—at least to a large degree, and that the society will do better work than heretofore. We therefore recommend that the Greene county medical society be retained upon the roll, and that we be discharged from the further consideration of this case.

APPLICATIONS FOR CHARTER.

Applications for charter have been received from the following newly organized county medical societies, namely:

(1) The Baldwin county medical society.
(2) The Cullman county medical society.
(3) The Escambia county medical society.
(4) The Marshall county medical society.
(5) The Talladega county medical society.

We have had the delegates of these several societies before us, and on the basis of the statements made by them we have decided to recommend that all of them be granted charters. The societies of Baldwin, Cullman, and Escambia are small; but as they contain in their membership nearly all the physicians practicing in these counties, we hope they may be successfully conducted.

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THE REPORT OF THE SECRETARY.

We have examined the annual report of the secretary and recommend that it be approved by the association.

We have also examined the book of the rolls, which was reported last year as being very greatly in arrears, and which by special vote of the association the secretary was instructed to write up to date, and we find that this instruction has been complied with so far as the roll of counsellors and the roll of correspondents is concerned; but has not been complied with as to the roll of the county societies. We trust that this calling of the attention of the secretary to this matter will be all that is necessary to induce him to bring this roll also up to date.

THE REPORT OF THE TREASURER.

We have examined the report of the treasurer, with the accompanying vouchers, and find it correct, and recommend that it be approved by the association. We regret to notice that the association has been allowed to drift into debt. True, the amount is small—about one hundred dollars—but this is a point that should be very jealously guarded.

We have also examined the book of accounts, and find it duly written up to date.

PART II. REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.

THE WORK OF THE STATE BOARD.

For the year 1885 we have received from the county boards of medical examiners sixty sets of examination papers. Of these, two are for the study of medicine—one candidate successful and one unsuccessful; and fifty-eight for the practice of medicine—fifty-one successful and seven unsuccessful. We have examined all of these papers carefully, although we found it to be a very laborious work to do so. However, we have recognized its great importance to the

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profession and to the people of the state, and in spite of the large amount of labor involved, have endeavored to do our duty in the premises faithfully and well. The results of our review of these papers will appear in connection with the work of the county boards in another part of this report.

We have on several former occasions been pleased to testify to the increasing efficiency of our examining boards; and we are pleased to be able to bear similar testimony of their work last year. Still, very few of our county boards are up to the high standard of work in this department that we are anxious to see established in our State, and a great many of them fall decidedly below this standard. We are doing well, as a general rule, but we can, and ought to do still better.

We desire to call attention again, according to our almost annual habit, to the almost universal neglect of that rule of the association which provides for the preliminary examination of all such persons as propose to begin the study of medicine. There must have been considerably over fifty Alabama students in attendance on the lectures of the various medical colleges of the country; and yet we have received but two sets of preliminary papers. This indicates one of two things, namely: either that the physicians of the state are shamefully derelict of their duties under the rule referred to, or else that the immense majority of our medical students dispense with the services of preceptors. Certainly this is a very great evil, and some remedy ought to be found for it.

We have to report that we have carefully examined Mr. Elias DeKalb Lipscombe, of Madison county. Mr. Lipscombe had attended one course of lectures at Vanderbilt University, and had been engaged two years in practice in the State of Tennessee. His written examination was conducted in Huntsville under the supervision of one of our number, Dr. J. J. Dement. The written papers were reviewed by us, and the oral examination made by us during

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the present session of the association. The examination proving satisfactory, we have issued to this applicant our diploma, creating him a doctor of medicine.

From time to time special cases involving questions of interpretation of the law, and of the regulations under the law, came up from the county boards for decision. As several of these cases may be of use to other boards they are included in the next section of this report.

CASES UNDER THE LAW TO REGULATE PRACTICE.

(1) "What ought a board to do where one of its members refuses conscientiously to abide by the decision of the majority, and declines to sign the certificate? I would like to know what is the usage, or should be the usage, under such circumstances."

When the proper majority of a board of medical examiners agree to award the certificate to an applicant, the certificate should be signed by all the members of the board, by those who voted in the negative as well as by those who voted in the affirmative—and even by members who took no part in the examination—just as all the members of a college faculty sign a diploma, although some of them may have voted against the graduation of the student.

In such cases the signature of any member is not understood as expressing his individual opinion; but all the signatures together constitute the signature of the board, and certify simply the decision of the board as a board.

Difficulties of this sort could hardly arise if the examining boards would adopt a rule requiring that every applicant, in order to pass a successful examination, should give correct answers to seventy-five per centum of the questions. Some other definite percentage would do as well perhaps; but seventy-five per centum seems to be a good medium rule not too high, and not too low.

For the rest, it is the privilege of any member of an examining board to put on the records of his board a written protest, when he thinks the board has been unfaithful or

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unwise in the discharge of their public functions. It is his privilege, also, to submit the case to the judgment of the State board.

(2) A set of examination papers was received in which application was made to practice "the irregular system of medicine," and nothing was mentioned as to whether the applicant was a graduate or not. The peculiar form of the application led to some inquiries which resulted in the following explanations, written by the president of the board that had made the examination:

"The young man examined by us attended one course of lectures in the Medical College at Mobile, and expects to attend another next fall and take his degree of M. D. In the meantime, he desires to practice medicine and make money enough to pay his expenses next winter. He desired to come before our county board as an irregular, and after carefully reading the law I see no reason why he cannot do so. The law does not state that the applicant shall specify which one of the irregular systems he wishes to practice; indeed, he might prefer an entirely new system—one of his own, so to speak—for which he had no name.

"I shall be very sorry if we have made any mistake in our interpretation of the law regulating the practice of medicine, * * * and if we are wrong we will offend no more."

In our report for last year we discussed some of the problems involved in this case; and the association agreed with us that it would be a very dishonorable thing for any one engaged in the study of the regular system of medicine to make application to an examining board to be examined as an irregular in the four branches so as to evade the plain purpose of the law in order that he might be allowed to practice during the recess of his college, or until it would be convenient for him to attend another course of lectures. The association, also, agreed with us, that any one pursuing this dishonorable course would have to be taken at his own estimate, and treated by the profession as an irregular. In order to prevent such miserable evasions as this, and for

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other good and sufficient reasons, the rule requiring the diploma of a reputable medical college as a condition precedent to any examination by a county board of examiners, so long enforced in the case of those desiring to practice the regular system of medicine, was extended so as to apply also to those who desired to practice irregular systems of medicine.

The case now under consideration opens some new problems, and, although such a case cannot occur any more, it is still perhaps worth while to notice some of these problems:

(1) The applicant in this case did not intend to practice "the irregular system of medicine," because there is no such system for any body to practice. Nor did he intend to practice any of those so-called systems of medicine, commonly classed as irregular, because whatever he knew about medicine he had learned in a regular school, and it is certain that he intended to practice accordingly. His application, therefore, was a fraud on the face of it, and should have been so treated.

(2) We have already stated that there is no such thing as "the irregular system of medicine," and from this it follows that the application was illegal and absurd. He might just as well have made application to practice hæmatonkinetty or abracadabra.

(3) We have taken legal advice and are informed that every applicant for examination must specify what system of medicine he desires to practice. It is not enough to say "some irregular system," but he must say the eclectic system," or the "homeopathic system," or some other.

(4) We are still further advised that when a doctor has been examined for the practice of any irregular system of medicine, he must practice said system in good faith, and is liable to prosecution if he practices the regular system without having passed the examination in all the branches of medicine which the law requires of those who desire so to practice.

It is astonishing how rapidly a bad example spreads.

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Since the occurrence of the case here described half a dozen other first course students, in distant parts of the state, have applied for examination as irregulars, and several of them have referred to this case as a precedent.

(3) One astonishing case presents the following facts: Four members of the board met at the residence of the applicant, about 9 or 10 o'clock on Tuesday, May 12th, and concluded their work about 3 or 4 o'clock p. m., of the same day; and the applicant was awarded a certificate authorizing him to practice medicine, which was promptly registered in the office of the probate judge of the county. This certificate was not in the form prescribed in the Book of Rules, but was invented for the occasion. Two of the examiners, according to one testimony, and all four of them, according to another, pronounced the examination a complete farce. The chairman of the board had prepared a list of questions beforehand, but these were objected to by one of the members, an uncle of the applicant, as being too hard, and that the applicant could not answer them. Whereupon a process of modification and mollification began, which resulted in putting to the applicant only the very simplest questions. The examination papers, when the farce of examination was ended, were turned over to the secretary of the board for remodeling, with instructions that at his leisure he should get up the papers in a more presentable shape; that is, that he should re-write the questions in better form, etc., and send them to the applicant to let him copy his previous answers, and correct all misspelling, bad grammar, etc., thus leaving him at liberty to consult authorities, which defeats the spirit and intention of the law and ordinances. The vote stood as follows: Dr. A, the chairman of the board, in the negative; Dr. B. voted in the affirmative, because the applicant lived in his neighborhood, and he was afraid of incurring the censure of the applicant's friends in the locality if he voted in the negative, as his conscience and duty dictated; Dr. C., as he states, voted in the

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affirmative through sympathy; and Dr. D., the uncle, in the affirmative, and for the same reason—through sympathy. It is an indisputable fact that not a single affirmative vote was cast on account of desert or merit on the part of the applicant.

The history of this case, as here given, is derived from statements made in writing by the chairman of the board, by the secretary of the board, and by the secretary of the county society. No words of indignant protest, or of obsequious deprecation can do justice to such an occasion as this. We therefore leave the simple and shameful facts, without comment, to point the moral and adorn the tale.

(4) Several students of medicine who have attended one course of lectures have consulted the board as to whether they could practice under their preceptors during the intervals between the college sessions. The question involved admits of easy answer. A preceptor may show his cases to his student; he may employ his student to compound drugs and to put up prescriptions; and to apply bandages and splints; he may turn over to him such office patients as can be trusted to his judgment; and he may even send him to see patients at their homes, to prescribe for them and to treat them there. But all this must be done in good faith under the instruction and supervision of the preceptor. The patients must be the patients of the preceptor, and not the patients of the student; the responsibility must be the preceptor's, and the profit, if there is any, must be the preceptor's. But if the student seeks the shelter of his preceptor's name and authority to enable him to treat patients of his own and to collect fees for his own benefit, he is perpetrating a fraud upon the profession and upon the community, and the preceptor who allows such a course to be pursued with his sanction is the accomplice of the criminal in the violation of the law—not only in the violation of the statute law of the land, but in violation of the law of common honesty and common truthfulness. The

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fraud that is here denounced has been practiced in the state, and by men who claim to be at least indifferent honest. It threatens to be a great evil, and ought to be promptly suppressed.

(5) The fact that the law to regulate practice is applicable only to counties which have county medical societies in affiliation with the state association furnishes means by which doctors holding college diplomas, but who have been rejected by some county board, have still managed to get a legal footing in the very counties where they had been found incompetent by the local board. One or two cases will serve for illustration: Dr. X graduated in a regular college, came into Alabama to practice, was examined by one of our boards and rejected. He practiced any how for a while in violation of law, was prosecuted, pleaded guilty and paid a nominal fine and costs, promising to leave the county. He violated his promise and continued to practice; was indicted a second time and moved into another county. Here he was examined twice and was rejected both times. He was once or twice arraigned before the grand jury. He lied, and dodged, and got up petitions to the governor—in short, with a skill and pertinacity worthy of a better cause he managed to practice in this county some two years, and then, learning that a medical society was to be organized in an adjoining county he moved across the line, exhibited his diploma, became a charter member of the new society, and it is expected he will now move back to his old place. The course here indicated is entirely legal, and has been followed in some six or eight cases—followed, not in all the details, but so far as the evasion of the law is concerned. It is not a very great evil, and will become impossible when all the counties are organized.

ADDITIONAL RULES FOR THE BOARDS OF MEDICAL EXAMINERS.

This section of our report may be fitly introduced by the following note, addressed to the senior censor by a member of the board along with some examination papers which he had been reading:

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"Enclosed I send you my notes on the examination papers submitted to me. In some of them the orthography and syntax are exceedingly bad—too bad to be allowed in future candidates for certificates to practice if it can be avoided. The rule requiring a preliminary examination of all students before beginning the study of medicine should be more rigidly enforced. In some cases the county boards fail to give such questions as would test the qualification of the candidates, or put them in such shape as to be answered in a single sentence, and sometimes in a single word. Such examinations are almost worthless, as the questions themselves suggest the proper answers. I would express my gratification with the papers sent by the Jefferson county board. I mention this board specially because their work is in such pleasing contrast with that of most of the other boards. The Mobile county board does not give the care to its work that we have reason to expect from so important a body. I think none of the candidates before that board were examined in all the branches demanded by the association. In the branches in which examinations were made the questions and answers are most satisfactory."

Another member of the board, writing to the senior censor, urges the importance of uniformity of style in the examination papers in such details as the sort of paper made use of, the arrangement of the subjects, having questions and answers to follow one another in proper order, writing on only one side of the paper, and other such details.

Still another member of the board, referring to the method of requiring a certain percentage of the given questions to be correctly answered, raises an important point in these words: "But in cases of that kind I have no doubt that a greater value should be attached to some questions than to others, and the applicant ought to have the benefit of those greater values when it comes to summing up the whole."

Most of the points raised in these several communications have been discussed already in our previous reports; but it is well to bring them again and again before the association until their importance is more generally appreciated. Some of these points we proceed to discuss a little more in detail.

(1) In making rules for the government of the examining boards under the law the association has heretofore, in fixing the standard of qualifications, considered only the amount

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of medical knowledge to be required of candidates for practice. Would it be competent for us to fix also standards of literary and moral qualification? We believe that the association has this power. The words of the law are very comprehensive. That the standard of qualifications required of persons desiring to practice medicine in this state, etc., shall be such as may be determined from time to time by the said medical association of the state. But while we have not doubted the power of the association to fix the standard for literary and moral qualification, as well as for strictly medical qualifications, we have doubted whether under all the circumstances now surrounding us it was the best policy to make any formal assertion of this power in the shape of formal rules. And besides, it has seemed to us that if a sufficiently high standard of medical knowledge is insisted on it would almost always and almost certainly carry with it a reasonable amount of literary culture. Unquestionably, however, our examining boards should be very chary in giving a certificate of qualification to any applicant who is disgracefully ignorant of his native language.

(2) The question of the style and arrangement of the examination papers is discussed at sufficient length in our last report.—See page 165 of the Transactions for last year.

(3) It is easy to find objections to any rule establishing that any certain percentage of questions shall be correctly answered to make an examination successful. A great deal depends on the character of the questions. A correct answer to an easy question may be of very little value as an illustration of a man's knowledge; while it might happen that a totally incorrect answer to a very difficult question might be worth a great deal. One set of questions might be so framed that seventy-five per centum would be easy to answer; another so that the whole hundred would be difficult; and the same man might be able to pass a triumphant examination in the first set, and make an utter failure in the other. But notwithstanding all such considerations as

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this, all examining boards of whatever kind, are finally driven to adopt the plan of requiring a definite percentage of satisfactory answers as the condition of a successful examination.

In accordance with the drift of these suggestions we recommend the adoption of the following rule for the guidance of the boards of medical examiners:

Be it ordained by the Medical Association of the State of Alabama, That no written examination shall be deemed satisfactory by the authorized boards of medical examiners in the state of Alabama unless the answers to the questions are so correctly given, and are given also at such length and with such fullness of detail, as to have an average value of seventy-five out of a possible one hundred; that an answer which is considered to be both correct and adequate shall be valued at one hundred; an answer that is entirely incorrect and inadequate both, shall be valued at zero; and other answers shall be valued at such rates between zero and one hundred as to the examiners may seem just according to their measure of correctness and their measure of adequacy—twenty, forty, sixty, or other intermediate numbers.

To get the average value of the answers by this plan, add together the separate values of the several answers and divide the resulting sum by the number of the questions given. The quotient will be the required average.

In every case let every examiner calculate in this way the average value of the answers in each separate department covered by his examination. To get the general and final average add together the average values thus found for the several departments, and divide this sum by the whole number of departments covered by the examination. This final quotient will be the final average by which the applicant must succeed or fail. If less than seventy-five by a whole number he fails; if seventy-five or more he succeeds, and will be awarded the certificate.

IRREGULARS.

The only considerable defect in the law to regulate the practice of medicine is the recognition of two classes of physicians, regulars and irregulars. Of the several sciences

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included in the courses of study in medical colleges there is virtually unanimity of opinion about all of them except one. The sciences of chemistry; anatomy; physiology; operative surgery and surgical anatomy; the mechanism of labor and operative midwifery; the natural history of diseases, including pathology, symptomatology, physical diagnosis, etcetera; medical jurisprudence; public and private hygiene; about all these there is agreement. About practice only is any genuine diversity of doctrines possible. And even here the differences are not such as ought to be allowed to divide practitioners of medicine into antagonistic schools. The argument in support of this assertion was given at some length in our report of last year; and need not be repeated here. The real barrier between the different schools of medicine—so-called—is not a question of practice, but a question of professional discipline—a question of professional ethics. It is evident, if all this be true, that in the nature of things, and in accordance with the principles of abstract justice, all schools of physicians should stand equal before the law, and that the same qualifications should be required of all at the hands of the state boards of medical examiners.

We look forward to the time when the law to regulate the practice of medicine in Alabama will be so modified that the words regular and irregular, and all that in it depends on these words, will disappear from its provisions.

In the meantime we are advised that any doctor who gets a certificate as an irregular must practice as an irregular—that is to say, he must treat diseases in a manner substantially different from the way in which the same diseases are treated by the regular medical profession; and if he does not do this he is practicing in violation of law and is responsible for damages before the courts for every case he treats.

In these brief statements we have indicated a line of argument we cannot now push to its final conclusions. But it leads us to recommend the adoption of the two ordinances herewith submitted:

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Be it ordained by the Medical Association of the State of Alabama, That forasmuch as that class of physicians who practice what is known as the eclectic system of medicine are in substantial agreement in all matters relating to the theory and practice of medicine with the regular medical profession, all graduates of eclectic medical colleges in good standing are declared to be regular physicians within the meaning and intent of the law to regulate the practice of medicine in Alabama, and must be so regarded and treated by all authorized boards of medical examiners in the state.

Amendment to the ordinance in relation to the boards of medical examiners:

Be it ordained by the Medical Association of the State of Alabama, That subsection one of section five of the ordinance in relation to the boards of medical examiners shall be so reconstructed as to read as follows: That all applicants for examination who propose to practice the regular system of medicine shall be examined in the following departments of knowledge, namely: In organic and inorganic chemistry; in human anatomy; in human physiology; in the natural history and diagnosis of diseases; in operative surgery; in the mechanism of labor, and in obstetric operations; in public and private hygiene; in medical jurisprudence.

THE WORK OF THE COUNTY BOARDS OF MEDICAL EXAMINERS.

The county boards of medical examiners make reports for 1885, as follows:

Autauga county board. For the study of medicine, none. For the practice of medicine, none.

The Barbour county board. For the study of medicine, none. For the practice of medicine—

Henry Lee Brannon, M. D., Vanderbilt University, 1885. Certificate granted.

Leslie Washington Weeden, M. D., University of the City of New York, 1885. Certificate granted.

Benjamin Franklin Lee, M. D., Medical College of Alabama, 1883. Certificate refused.

On the part of the board these examinations are not specially well done. In all of them public and private hygiene, medical jurisprudence, and medical ethics are omitted; and in Dr. Lee's examination therapeutics and materia medica are also omitted. The questions are too numerous—226 in Dr. Brannon's examination—too much cut up into details, and for the most part too elementary.

In the case of Dr. Brannon it is stated that the board had reason to believe that the applicant had access to books. This examination, therefore, should have been set aside and a new one ordered. It is a question whether,

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on moral grounds, he should not have been rejected altogether if the board had been quite certain of this consultation of books; but even the grave suspicion of it was sufficient ground for a new examination. This case shows how important it is that examinations should always be so conducted as to make the consultation of authorities impossible. If this young man did consult authorities this board has introduced an unworthy member into the profession. If he did not consult authorities they have done him a very cruel wrong by leaving the question in doubt.

Dr. Weeden's examination is creditable so far as he is concerned, and Dr. Lee was rightly refused the certificate. In former years this board distinguished itself by the excellence of its work and the admirable get up of its papers. While these recent examinations do not deserve any special blame, they are not up to the old standard.

The Bibb county board. For the study of medicine, none. For the practice of medicine—

William John Nicholson, M. D., Vanderbilit University, 1884. Certificate granted.

This is an extremely imperfect examination; brief, elementary, and not creditable either to the board or to the applicant. As it is the first examination reported by this board we do not deem it necessary to recommend a formal censure; but hope the board will hereafter do better work.

The Blount county board. For the study of medicine, none. For the practice of medicine—

John Austin Moore, M. D., College of Physicians and Surgeons, Baltimore, 1885. Certificate granted.

On the part of the board this examination, while not up to the standard we desire to see established in Alabama, does fairly well, and is a very great improvement on any work which this board has ever done before. On the part of the applicant, the answers are usually correct; but some of them are briefer and more elementary than they should have been.

The Bullock county board. For the study of medicine, none. For the practice of medicine—

William Anderson Reynolds, M. D., Medical College of Alabama. Certificate granted.

Azor Eiland Salley, M. D., University of Georgia, 1885. Certificate granted.

On the part of the board these examinations are defective. The questions are too chopped up, and too elementary to test the knowledge of the applicants. On the part of the applicants, they are barely passable. We shall expect this board to do better work in the future.

The Butler county board. For the study of medicine, none. For the practice of medicine, none.

The Calhoun county board. For the study of medicine, none. For the practice of medicine—

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Edmond Clack Anderson, M. D., Kentucky school of medicine, 1877. Certificate granted.

Jordan Williams Kinnebrew, M. D., South Carolina Medical College, 1854. Certificate refused.

These papers did not come up until January, of the current year, when they were received in miserable order. They are extremely superficial and defective on the part of the board. The same may be said as to the answers of the applicants. Dr. Kinnebrew was properly rejected, and Dr. Anderson did himself no credit. Evidently there was too much hurry and too little appreciation on the part of all concerned of the important issues at stake. In our last year's report we expressed the hope that this board would better its work. This hope has been sadly disappointed, and last year's work is worse than any it has ever done before. We feel almost constrained to recommend a censure, but have concluded to let it pass for one more year.

The Chambers county board. For the study of medicine, none. For the practice of medicine—

Ange Augustin DeLeperriere, M. D., Georgia Eclectic Medical College, 1885. Certificate granted.

This is a very poor examination indeed, and does no credit either to the board or to the applicant.

The Chilton county board. For the study of medicine, none. For the practice of medice none.

The Choctaw county board. For the study of medicine, none. For the practice of medicine, none.

The Clarke county board. For the study of medicine, none. For the practice of medicine, none.

The Cleburne county board. For the study of medicine, none. For the practice of medicine, none.

The Colbert county board. For the study of medicine, none. For the practice of medicine, none.

The Coffee county board. For the study of medicine, none. For the practice of medicine, none.

The Conecuh county board. For the study of medicine, none. For the practice of medicine, none.

The Coosa county board. For the study of medicine, none. For the practice of medicine, none.

The Crenshaw county board. For the study of medicine, none. For the practice of medicine—

Andrew Jackson Jones, M. D., Kentucky School of Medicine, 1885. Certificate granted.

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Felix Marcus Tullus Tankersley, M. D., University of Tennessee, 1885. Certificate granted.

On the part of the board these examinations are only fair. There are too many leading questions and too many superficial questions. On the part of the applicants the answers are fairly good, especially Dr. Tankersley's.

The Dallas county board. For the study of medicine—

Mr. Mimms W. Coleman. Certificate granted.

This examination is entirely satisfactory.

For the practice of medicine—

Allen LaFayette Strong (colored), M. D., Howard Medical College, 1885. Certificate granted.

On the part of the board the questions in all the departments are generally good. The answers are never of more than moderate excellence, and many of the questions are not answered at all. For example, in anatomy, six questions out of twenty are not answered; and something like this percentage of failures runs through the other branches. The board was liberal to grant the certificate on this showing.

The DeKalb county board. For the study of medicine, none. For the practice of medicine—

Charles Powers, M. D., Cincinnati Eclectic Medical Institute, 1867. Certificated refused.

This examination was very poorly conducted on the part of the board. The applicant was detected making use of a compend in the examination room; and even independently of this, was properly rejected. We have here another illustration of the importance of the rule requiring such surveillance as to make the consultation of authorities impossible.

The Elmore county board. For the study of medicine, none. For the practice of medicine—

O. S. Justice, M. D., Alabama Medical College, 1885. Certificate granted.

This examination is in every way a dismal and utter failure, both on the part of the board and on the part of the applicant. It was conducted in a slipshod and hurried fashion, and in entire disregard of the rules, and was evidently undertaken without due consideration. As it is the first examination reported by this board we allow it to pass with these strictures.

The Etowah county board. For the study of medicine, none. For the practice of medicine—

William Louis Funderberg, M. D., Southern Medical College, Atlanta, 1878. Certificate refused.

William Sterling Edwards, M. D., Kentucky School of Medicine, 1885. Certificate granted.

The board did right in rejecting Dr. Funderberg; and did wrong in granting the certificate to Dr. Edwards, whose answers are extremely superficial, and show but little knowledge of medicine. We trust that this board will be more circumspect for the future.

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The Fayette county board. For the study of medicine, none. For the practice of medicine, none.

The Greene county board. For the study of medicine, none. For the practice of medicine, none.

The Hale county board. For the study of medicine, none. For the practice of medicine, none.

The Henry county board. For the study of medicine, none. For the practice of medicine—

James Albert Balkum, M. D., Baltimore College of Physicians and Surgeons, 1885. Certificate granted.

Robert Flowers, M. D., Louisville Medical College, 1884. Certificate refused.

Dr. Balkum's examination is simply passable on the part of both the board and the applicant. No papers have been received in the case of Dr. Flowers; which fact indicates great culpable negligence on the part of the board.

The Jackson county board. For the study of medicine, none. For the practice of medicine, none.

The Jefferson county board. For the study of medicine--

Mr. J. E. Robins, who was properly refused the certificate.

For the practice of medicine—

Thomas Jefferson Brown, M. D., Vanderbilt University, 1882. Certificate granted.

John Mortimer Naff, M. D., Vanderbilt University, 1885. Certificate granted.

Lucian Allions Spencer, M. D., Miami Medical College, 1885. Certificate granted.

Martin Cheek, M. D., Hahnemann Medical College, Chicago. Certificate refused.

Cunningham Wilson, M. D., University of Pennsylvania, 1884. Certificate granted.

Emile Henckle, M. D., Syracuse University, 1882. Certificate refused.

Jules Frank Fabre, A. B., M. D., Homeopathic Hospital College, Boston, 1884. Certificate granted.

R. A. Barry, M. D., University of Virginia, 1882. Certificate granted.

This board enjoys the enviable distinction of being the most efficient board in the state. It takes plenty of time in making its examinations; and requires satisfactory answers to seventy-five per centum of the questions.

The Lamar county board. For the study of medicine, none. For the practice of medicine, none.

The Lawrence county board. For the study of medicine, none. For the practice of medicine, none.

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The Lee county board. For the study of medicine, none. For the practice of medicine—

William Joseph Love, M. D., Atlanta Medical College, 1882. Certificate granted.

Charles Breckinridge McCoy, M. D., Atlanta Medical College, 1882. Certificate granted.

Allen Jefferson Fowler, M. D., Atlanta Medical College, 1885. Certificate granted.

Wade Kinnian Wheelis, M. D., University of Louisiana, 1885. Certificate granted.

We have no fault to find with the work of this board. The scope of the questions takes in all the branches ; and the answers are from fair to excellent.

The Limestone county board. For the study of medicine, none. For the practice of medicine, none.

The Lowndes county board. For the study of medicine, none. For the practice of medicine, none.

The Macon county board. For the study of medicine, none. For the practice of medicine—

Wyley Turner Boyd, M. D., Memphis Hospital Medical College, 1885. Certificate granted.

This examination is exceedingly defective, both on the part of the board, and on the part of the applicant. Public and private hygiene, medical jurisprudence, and medical ethics are omitted. It is in evidence that the majority of the board considered the examination as not at all satisfactory; and yet, in spite of this they gave the applicant a certificate authorizing him to practice medicine. In a word, this board has been unfaithful in the performance of a high public trust ; and we feel constrained to recommend, that we be authorized to notify the Macon county board of medical examiners that this association regards with grave disapproval the extremely imperfect way in which it has conducted this examination.

The Madison county board. For the study of medicine, none. For the practice of medicine, none.

The Marengo county board. For the study of medicine, none. For the practice of medicine, none.

The Mobile county board. For the study of medicine, none. For the practice of medicine—

Eben Bell Kirk, M. D., Alabama Medical College, 1885. Certificate granted.

Andrew Peterson McArthur, M. D., Alabama Medical College, 1885. Certificate granted.

Walter Burnett Overall, M. D., Alabama Medical College, 1885. Certificate granted.

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James B. Hargrove, M. D., Alabama Medical College, 1885. Certificate granted.

Arnold Jolly, M. D., Alabama Medical College, 1885. Certificate granted.

Arthur Hopkins Rice, M. D., Alabama Medical College, 1873; College of Physicians and Surgeons, New York, 1874. Certificate granted.

John Stoltz, M. D., (homeopathist), college and date of graduation not given. Certificate granted.

Alfred Manly Duffield, M. D., (homeopathist), Boston University School of Medicine, 1885. Certificate granted.

This board does not give the careful attention to its work that we have the right to expect from a board making so many examinations, and occupying so important a position. It was with a great deal of trouble that the examination papers were obtained from it at all. When they were received they were in such disorder that they could not be satisfactorily arranged; and a good many parts of the papers had evidently been lost. In the case of Dr. Kirk there was no application, no materia medica, and no ethics; in the case of Dr. McArthur, no application, no materia medica, no chemistry, and no ethics; in the case of Dr. Overall, no application, and no ethics; in the case of Dr. Jolly, no application, and no ethics; in the case of Dr. Rice, no chemistry, no physiology, no hygiene, and no ethics; and in the case of Dr. Stoltz, there was hardly anything at all. It would seem that this board makes its examinations with tolerable care and thoroughness, but afterwards leaves the papers lying about loose, at the mercy of accidents and surroundings. In the papers now under review, the scope and character of the questions are generally good; the answers are, some of them, very good, and very few of them very bad; and we have no fault to find with the findings of the board, unless it be in the case of Dr. Stoltz. If he was granted a certificate, and it was so stated by the secretary of the board, we think they made a very decided mistake.

Under all the circumstances here stated, we do not think it necessary to recommend the censure of this board, but venture to hope that after this plain exhibit of carelessness it will take better care of its papers.

The Monroe county board. For the study of medicine, none. For the practice of medicine—

William M. Hestle, M. D., Atlanta Medical college, 1885. Certificate granted.

Gladin Garvin Scott, M. D., Louisville Medical College, 1885. Certificate granted.

On the part of the board all the branches are represented, and the questions are usually good. Some of the questions, however, are too elementary, and are deficient in range. Dr. Scott's answers are passable. Dr. Hestle's answers show that he could have met a more searching examination.

The Montgomery county board. For the study of medicine, none. For the practice of medicine—

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Edward H. Mayers, (colored), M. D., Howard University, Washington, D. C., 1885.

Circumstances called Dr. Mayers away from the state of Alabama before his examination was ended ; so that the vote on his application was never taken.

The Morgan county board. For the study of medicine, none. For the practice of medicine—

William Bugg Thomason, M. D., Memphis Hospital Medical College, 1885. Certificate granted.

John Elisha Smith, Homeopathic Hospital Medical College, Cleveland, Ohio, 18—. Certificate granted.

These examinations are not at all creditable either to the board, or to the applicants. Indeed, examinations could hardly be worse than these are. We make no recommendation for a formal censure this time ; but we sincerely hope that this board will do better work hereafter.

The Perry county board. For the study of medicine, none. For the practice of medicine, none.

The Pickens county board. For the study of medicine, none. For the practice of medicine—

Dabney Madison Phillips, M. D., Vanderbilt University, 1885. Certificate granted.

Newton Hill, M. D., Alabama Medical College, 1885. Certificate granted.

R. S. Curry, M. D., Alabama Medical College, 1885. Certificate granted.

Christopher Columbus Clear, M. D., Alabama Medical College, 1885. Certificate granted.

These examinations are all defective, and do no credit either to the board or to the applicants. On such examinations as these all these applicants should have been refused certificates. We do not recommend a formal censure this time, but we sincerely hope that this board will do better work hereafter.

The Pike county board. For the study of medicine, none. For the practice of medicine—

William Alpheus Smart, M. D., Louisville Medical College, 1884. Certificate refused.

William R. Sanders, M. D., Atlanta Medical College, 1885. Certificate granted.

These examinations are barely passable on the part of the board, and not up to the high standard we desire to see established in Alabama. Dr. Smart was properly rejected. His ignorance of medicine is astonishing. The answers of Dr. Sanders are poor enough.

The Randolph county board. For the study of medicine, none. For the practice of medicine—

Jefferson Columbus Brock, M. D., Vanderbilt University, 1884. Certificate granted. (These papers should have been sent up a year sooner.)

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Wyatt Heflin, M. D., Jefferson Medical College, 1884. Certificate granted. (These papers should have been sent up a year sooner.)

Wyatt Heflin Blake, M. D., Vanderbilt University, 1885. Certificate granted.

On the part of the board all of these examinations are defective. The scope is narrow; the questions are too elementary, and too much chopped up into details. They are sometimes answered by a single word. They do not give the applicants a fair chance to show their knowledge of medicine. On the part of the applicants we have no fault to find, since they answered fairly well the questions given them.

The Shelby county board. For the study of medicine, none. For the practice of medicine, none.

The St. Clair county board. For the study of medicine, none. For the practice of medicine, none.

The Sumter county board. For the study of medicine, none. For the practice of medicine, none.

The Tallapoosa county board. For the study of medicine, none. For the practice of medicine, none.

The Tuskaloosa county board. For the study of medicine, none. For the practice of medicine—

J. D. Gibson, non-graduate, examined as an irregular before the Greenville session of the association had passed the rule to require irregulars also to have diplomas as a preliminary to examination by a county board. This examination ought not to have been made for another reason—namely, that the application on the face of it was dishonest, it being certain that Mr. Gibson did not desire to practice any irregular system of medicine. Otherwise the examination is very fair, both on the part of the board and on the part of the applicant.

The Walker county board. For the study of medicine, none. For the practice of medicine—

W. M. Cunningham, M. D., Vanderbilt University, 1884. Certificate granted.

This examination presents some defects on the part of the board. It omits hygiene, jurisprudence, and ethics, and there is only one question in physiology. The answers on the part of the applicant are fairly good.

The Wilcox county board. For the study of medicine, none. For the practice of medicine—

John Finn Watson, M. D., Alabama Medical College, 1885. Certificate granted.

Albert M. Gibson, M. D., Alabama Medical College, 1885. Certificate granted.

On the part of the board these examinations are not well done. There is

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no materia medica, and no ethics. The papers came up in bad order, written on both sides of the sheets, and badly arranged. On the part of the applicants, Dr. Gibson's answers are fairly good; Dr. Watson's no member of the board could read.

PART III. THE REPORT OF THE STATE BOARD OF HEALTH

THE WORK OF THE STATE BOARD.

During the past year none of the more destructive epidemics—such as yellow fever, cholera, small-pox—have invaded the state. In several sections of the state, in the meantime, there has been a considerable prevalence of the milder maladies of an infectious character, such as measles, rötheln, and whooping cough; but the mortality from these has been extremely small, and they have called for no special interference from the state health authorities.

It is well understood, by all concerned, that our system for the supervision of the public health is widely different from that which obtains in other states; that it is intended to accomplish results which in most other states have been abandoned, not as undesirable, but as impracticable; and that as yet with us it is passing through the stage of experiment. It affords us pleasure to be able to state that year by year our system is getting better understood and better appreciated amongst the people; that the health boards and health officials of the state and counties are becoming more earnest and more efficient; and that the results of our great experiment give abundant promise of beneficent achievements hereafter.

THE COLLECTION OF VITAL STATISTICS.

As we have explained on several previous occasions the most indispensable, and at the same time the most difficult part of our work, is the collection of vital statistics. In this the improvement has been especially remarkable. In several counties the returns of births and deaths already approximate completeness. In some of these the whites

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furnish the largely preponderating element of the population, while in others the blacks outnumber the whites several times over—facts which show that our methods are adapted to all the widely differing communities in the state. In one word, looking over the whole field, and considering the difficulty of the work, and the smallness of the fund available for its prosecution, we feel that the measure of success attained is eminently satisfactory, and full of encouragement. How decided the improvement in this work has been may be seen by a very brief comparison of the statistical tables for 1883 with those for 1884, as published in the report of the state board of health for the two years mentioned. The improvement for 1885 is still more marked; while the prospect is that the outcome of the work for 1886 will be far in advance of any previous year.

THE REPORT FOR 1883-1884.

The report just alluded to for 1883-1884, constitutes a volume of 527 pages, of which 228 pages are devoted to statistical tables. In the rest of the volume is given the health laws of the state; the health ordinances of the state board; the official nomenclature of diseases; sundry reports on yellow fever by the state health officer; and considerable amount of miscellaneous matter relating to the health of the counties. Of this report there were printed and distributed, under the law creating the state board, one thousand copies, at an expense to the state of $1,506.82. It has been noticed in terms of high praise in various medical and sanitary periodicals, and copies of it have been solicited by a considerable number of scientific men interested in state sanitary work. Altogether we are constrained to believe that the book reflects credit on the state and on the state board of health.

It has been questioned whether it was advisable to publish 225 pages of statistical tables, most of them admittedly imperfect. But it must be remembered that statistics are always imperfect, and at the best, only approximately cor-

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rect. It must be remembered, also, that even from these imperfect tables, a large number of useful inferences can be drawn by experts who know how to make use of them. They do not show the absolute number of deaths that occur in Alabama from the different diseases that afflict our people; but they do show the relative mortality due to each cause of death. Indeed, they teach a large number of important lessons that we will not stop here and now to discuss. One object we had in view in including them in the report was to show how widespread and how decided is the improvement going on in this work in the various counties.

EXPENDITURES.

THE STATE BOARD OF HEALTH,

In Account with the State of Alabama:

1885.		Dr.
April 1st	—To cash on hand	$ 1 79
May 1st	—To cash from Auditor	200 00
" 15th	—To cash from Auditor	50 00
June 1st	—To cash from Auditor	200 00
July 1st	—To cash from Auditor	225 00
August 1st	—To cash from Auditor	250 00
Sept. 1st	—To cash from Auditor	250 00
Oct. 1st	—To cash from Auditor	250 00
Nov. 12th	—To cash from Auditor	300 00
Dec. 1st	—To cash from Auditor	300 00
1886.		
Jan. 1st	—To cash from Auditor	225 00
Feb'y 1st	—To cash from Auditor	300 00
March 1st	—To cash from Auditor	300 00
April 1st	—To cash from Auditor	148 00
Total receipts to April 1st		$ 2,999 79

1885.	CREDITS.	Cr.
May 4th	—By Health Officer's salary for April	$ 150 00
May 4th	—By clerk hire for April	40 00
May 4th	—By expenses for April	5 75
June 4th	—By Health Officer's salary for May	150 00
June 4th	—By clerk hire for May	40 00
June 4th	—By expenses for May	19 60
July 4th	—By Health Officer's salary for June	150 00
July 4th	—By clerk hire for June	40 00

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July	4th—By expenses for June	$	12 20
Aug.	4th—By Health Officer's salary for July		150 00
Aug.	4th—By clerk hire for July		40 00
Aug.	4th—By expenses for July		16 15
Sept.	4th—By Health Officer's salary for August		150 00
Sept.	4th—By clerk hire for August		40 00
Sept.	4th—By expenses for August		26 00
Oct.	4th—By Health Officer's salary for September		150 00
Oct.	4th—By clerk hire for September		40 00
Oct.	4th—By expenses for September		19 95
Nov.	4th—By Health Officer's salary for October		150 00
Nov.	4th—By clerk hire for October		40 00
Nov.	4th—By expenses for October		129 90
Dec.	4th—By Health Officer's salary for November		150 00
Dec.	4th—By clerk hire for November		40 00
Dec.	4th—By expenses for November		129 41
1886.			
Jan.	4th—By Health Officer's salary for December		150 00
Jan.	4th—By clerk hire for December		40 00
Jan.	4th—By expenses for December		91 10
Feb'y	4th—By Health Officer's salary for January		150 00
Feb'y	4th—By clerk hire for January		50 00
Feb'y	4th—By expenses for January		104 25
March	4th—By Health Officer's salary for February		150 00
March	4th—By clerk hire for February		50 00
March	4th—By expenses for February		9 15
April	4th—By Health Officer's salary for March		150 00
April	4th—By clerk hire for March		50 00
April	4th—By expenses for March		126 20
	By total credits to April 4th	$	2,999 66

RECAPITULATION OF EXPENDITURES.

Health Officer's salary from April 1, 1885, to April 1, 1886	$	1,800 00
Clerk hire for same time		510 00
Printing bill for same time		375 20
Health Officer's travelling expenses for same time		161 50
Postage for same time		114 66
Miscellaneous for same time		38 30
Total	$	2,999 66

GENERAL RECAPITULATION.

To total receipts from April 1, 1885, to April 1, 1886	$	2,999 79
By total expenditures		2,999 66
To balance on hand		.13

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AN ORDINACE IN RELATION TO THE PUBLIC HEALTH AND THE COLLECTION OF VITAL STATISTICS.

At the Selma session of 1884 an ordinance was adopted to take the place of the ordinance on page 63 of the book of the rules. This ordinance has been adopted by the county societies acting as county boards of health in the following named counties: Autauga, Bullock, Butler, Conecuh, Calhoun, Chambers, Clarke, Coffee, Dallas, DeKalb, Elmore, Etowah, Hale, Henry, Jefferson, Lee, Lamar, Macon, Mobile, Montgomery, St. Clair, Shelby, Sumter, Walker, and Wilcox—twenty-five in all. It may have been adopted by a few other counties; but if so, the state health officer has not been notified of the fact. It is important that all the counties should adopt it promptly, as without some such action as this on their part they are not prepared to enforce the law for the collection of vital statistics in the courts. The attention of the county societies that have neglected it therefore is earnestly called to this ordinance with the hope that they will take action upon it at their earliest convenience. It is here republished:

Be it ordained by the Blank County Medical Society, (1) That the board of censors, acting as a committee of public health, shall, from time to time, whenever any vacancy may exist in such office, elect a health officer for the county and fix his term of office; and that said health officer shall be under the immediate direction and control of said committee of public health.

(2) That all doctors, midwives, heads of families and other persons whose lawful duty it is to report births and deaths to the county health officer shall make said reports promptly upon the occurrence of said births and deaths; and at the longest, all births and deaths occurring in any calender month, must be reported to said county health officer, by the tenth day of the calender month next following: *Provided*, that any report made to any assistant health officer shall be considered as made to the health officer of the county.

(3) That all physicians, heads of families, and other persons whose lawful duty it is to report cases of pestilential or infectious diseases to the county health officer shall make said reports promptly on the occurrence and recognition of said pestilential or infectious cases of disease, and at the longest, all such cases of pestilential or infectious diseases must be reported to said county health officer within twenty-four hours after their occurrence and recognition, due consideration being had for distances and

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other providential hindrances; *Provided*, that any report made to any assistant health officer shall be considered as made to the county health officer.

(4) That the report of a birth shall include the following details, namely: Date of birth; sex of child; part presenting—head—breach—cross; place of birth; mother's name in full; mother's place of birth; mother's color—white--black—mulatto. Father's name in full; father's place of birth; father's color—white—black—mulatto. Name of informant.

(5) That the report of a death shall include the following details, namely: Date of death; name in full; place of birth; age in years, months and days; sex; color; occupation; married, single, or widowed; name of father and name of mother; place of death; cause of death; place of burial. Name of informant.

(6) That a report of a case of pestilential or infectious disease shall include the following details, namely: The name of the disease, with date of occurrence and origin when this is known; the name, age, color, sex, and social condition of the patient; the place in which the patient is to be found; the names of such other persons as may be exposed to danger of infection. Name of informant.

(7) That the committee of public health shall make to this society from time to time, in annual and special reports, full and prompt statements of all their proceedings under this ordinance and under the constitution of this society, to the end that said proceedings may be duly considered and discussed and submitted to the approval or disapproval of this society; and this especially in regard to such proceedings as may give rise to legal questions—such as the election of health officers, and the recommendation of quarantine.

RESOLUTION TO SUPPORT EXISTING LAWS.

It is well known to the members of the association that an effort was made in the last general assembly to repeal the annual appropriation of $3,000 dollars made for the support of the work of the state board of health. It is known that a few of the members of this association, from motives it is not necessary now to discuss, saw fit to favor this repealing movement. And how this repealing movement was defeated by the prompt and energetic action of this association is also known. Whether any movement of this sort will be made at the approaching session of the general assembly we cannot of course tell. But by way of precaution against any such contingency, we recommend the adoption of the subjoined resolution:

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Resolved, By the medical association of the state of Alabama, acting as the state board of health, and in the name and behalf of the fifty-five county boards of health now organized in the state, and of the nearly one thousand physicians who constitute our membership: (1) That we have seen with great regret the efforts that were made in the last session of the general assembly to repeal the appropriation of three thousand dollars, which alone enables us to carry into effect the health laws of the state; (2) That we earnestly believe that no equal amount of money paid out of the state treasury is more wisely, or more usefully, or more beneficently expended than is this appropriation of three thousand dollars; (3) That if any further efforts to repeal this appropriation shall be made at the approaching session of the general assembly we hereby pledge ourselves to stand by the existing health laws and to use our influence both as an organization and as individuals to prevent their repeal.

THE WORK OF THE COUNTY BOARDS OF HEALTH.

The number of county medical societies being now fifty, the number of county boards of health is also fifty. The character of the work done by the different boards is indicated by the following remarks:

Autauga.—The Autauga board of health has now been at work for five years. During all this time Dr. S. P. Smith, of Prattville, has been the county health officer. He has never had any salary, and the board has given him very little assistance. The statistics reported for Prattville are believed to be entirely accurate and complete; but those for the rest of the county are not at all satisfactory.

Barbour.—The work of collecting vital statistics has ceased altogether during the past year. The work was done so poorly that the commissioners grew tired of paying for it, and withdrew the appropriation. The condition of affairs in this county is not at all creditable to the county medical society. The society has a good membership. A large number of doctors are scattered over the county; and amongst them three counsllors of the state association.

Bibb.—The collection of vital statistics in Bibb county continues to be a failure. The county board of health takes very little interest in the work, and the county health officer cannot be induced to make his reports according to the regulations of the state board. Utter failure is and must continue to be the result of this sort of management.

Blount.—In Blount county during the past year the collection of statistics has gone on very much as heretofore. Without any beat officers, and without any medical directory, Dr. Willoughby has succeeded in securing very fair returns. His work, as in previous years, was without compensation.

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In January just past, Dr. Willoughby was superceded by Dr. Parker. Dr. Parker is an old and reputable physician living at the county site. He has made no reports for January and February, and the prospect is that this work in Blount, after a very favorable beginning, will now suffer collapse.

Bullock.—The Bullock county board continues to be one of the most efficient in the state. The returns of births and deaths last year were very nearly complete, and it is confidently believed that this year they will be all that can be desired for practical and scientific purposes. The organization of this county is very satisfactory. All the beats are under the charge of beat officers, all of whom keep beat registers, and report regularly to the county health officer on form 3¼. This is now the banner county in the state so far as this work is concerned; and the county health officer deserves a great deal of credit for the result that has been achieved.

Butler.—The work in Butler still continues to improve under the able administration of Dr. Thigpen. His meager salary of seventy-five dollars a year, has not been increased; but a better feeling obtains amongst the county commissioners, and they have supplied the beat officers with bound registers at a total cost of forty dollars. Every beat but one is under the charge of an assistant health officer. There has been some trouble to train the beat officers to use form 3½. This trouble, however, is passing away, and the prospect for successful work in this county is good.

Calhoun.—Dr. Nisbet still continues to act as county health officer in Calhoun, and still continues to do good work. There are several sparsely populated beats in this county in which there are no resident doctors, and for which it has not been possible to get assistant health officers. From these beats we get defective reports. We get very good reports from the four towns of over five hundred population—Anniston, Oxford, Jacksonville, and Cross Plains. But for the reasons mentioned the reports from the county are not yet satisfactory. There is good reason to believe that the work in this county will continue to improve.

Chambers.—The fear expressed in our last year's report that the county health officer might lose interest in his work, has been verified by the result. For the first six or seven months of the year the work went on after a merely tolerable fashion. Then from July to the end of the year no monthly reports were rendered until the beginning of the present year, when they were all sent in at once, each successive month showing a gradual decline in the character of the returns; and illustrating very forcibly the consequences of neglect. The same health officer has been re-elected for another year, and promises to do better work in future. What the result will be remains, of course, to be seen.

Chilton.—During the past year we have received no reports from Chilton. In the meantime the doctors generally are quite as willing to report as the doctors in other counties. The only trouble is to get an efficient county health officer.

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Choctaw.—We reported the work in Choctaw as already very defective, in 1884. It became worse and reports ceased entirely in 1885. For the current year a new health officer, Dr. R. B. Carr, has been elected, and has begun his work in a way that encourages the hope that this county will soon give a good account of itself.

Cleburne.—The board in Cleburne has been at work now for a year and a half. The reports came in regularly, and show evidences of improvement. The county is organized on the beat plan, and while the results have not been such as we could wish there has been steady improvement, and the prospect is that this improvement will continue.

Clarke.—Clarke county society received its charter at Selma in 1884. It was very carefully organized, and it was hoped it would go promptly and successfully to work. The county health officer, however, has never done anything at all, and no reports have been received. It is probable that a new health officer will be appointed.

Coffee.—This board was chartered at Greenville last year, and has been at work only since July. It presents the difficulty of a good many beats with no resident physicians. Nevertheless assistants have been secured for most of the beats, the monthly reports are rendered regularly and in due form; the county health officer, Dr. J. G. Moore, is working with commendable energy, and altogether the prospect is favorable.

Colbert.—The board in Colbert county is still doing nothing. The physicians are perfectly willing to make their returns, but for want of a leader the whole business is neglected.

Conecuh.—The work in this county is still in the hands of Dr. McKittrick. It seems to be certain that his reports are virtually complete. He has improved the details of his work during the past year, and the county is in a very satisfactory condition.

Coosa—There has been no revival of the work in Coosa. They have nominally a county health officer; but he has never made a report.

Crenshaw.—The work in this county has always been a failure. The hope that was expressed in our report of last year has not been realized.

Dallas.—In our report of last year we stated that the returns for this county for 1884, were less satisfactory than those for 1882 and 1883. The returns for 1885 were still worse than those for 1884—all plainly due to increasing negligence on the part of the health officials. A new health officer has now been elected—the county board of health is taking more interest in the work—our newest plans have been adopted, and the prospect here for satisfactory work has greatly improved.

DeKalb.—The board in this county began its monthly reports in July last. The health officer is Dr. E. P. Nicholson, of Valley Head. The results, as yet, are not very encouraging.

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Elmore.—During the last year there was some improvement in Elmore over the returns for the previous year. There were some difficulties in the way of complete success. Dr. Norris, the county health officer, not only did not live at Wetumpka, the county site, but he was not even a resident of the county. Dr. J. J. Hunter, who, some years ago, did very good work in Coosa county, has been recently elected health officer, and there is little doubt that the improvement, already evident, will continue still more rapidly than heretofore.

Etowah.—In this county there has been a very great improvement in the organization of the county and in the completeness of the returns. Dr. M. R. Wright has taken the position of health officer, and is bringing this county rapidly to a much better condition. The prospect in this county is decidedly encouraging.

Fayette.—The board in Fayette county began its work in July, 1884. Dr. A. W. Agnew is county health officer. We have been unable to get him to adopt the beat system. The work has not improved during the year, and the outlook is not encouraging.

Greene.—The Greene county medical society, and therefore the Greene county board of health, has been in a state of suspended vitality during the past year, and nothing at all has been done in the way of collecting vital statistics.

Hale.—The work in Hale county, in accordance with the anticipations expressed in our last year's report, has continued to improve. There are assistant health officers now in all the beats except three; the reports are made regularly and in good shape. Dr. W. C. Avery, the county health officer, is proving a decided success, and the outlook is very promising.

Henry.—In our last report we expressed the hope that Henry county would be able to make a better showing than it had done before. This hope was only very partially granted. Dr. F. I. Moody took the position of county health officer during the first seven months of the year; and while he continued to act the work steadily improved. He, however, concluded to quit medicine and go into some commercial business, gave up his place as county health officer; and the work fell at once into disorder. Dr. Flowers was appointed to succeed him, neglected the work, and made no reports. Recently, Dr. J. T. Stovall, of Columbia, was appointed county health officer. The first two months of his administration have been marked with a great deal of energetic work; and the outlook for Henry is now good.

Jackson.—In Jackson county the work was reasonably well done under the administration of Dr. J. P. Rorex. He, however, never adopted the beat system—never appointed assistant health officers—never made out a complete medical directory, and never reported delinquents. Still his success was fair. He has, however, given up the position and has been

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succeeded by Dr. D. A. Padgett. Dr. Padgett proposes to adopt the beat system at once, and it is hoped that the result will be still more satisfactory returns.

Jefferson.—It has been uphill work in Jefferson, but the progress has been continuous. The beat system has been introduced, and the county is now very fairly organized. Dr. H. J. Winn is still the county health officer. The prospect for the future is very good.

Lamar.—In Lamar a very good beginning has been made. The beats have been placed under the supervision of beat assistants. We have a good directory, the reports come in regularly, and in good order, and the present outlook is extremely favorable. Dr. R. J. Redden is the efficient health officer of the county.

Lawrence.—In this county, which had become greatly demoralized, the progress during the past year has been on the whole as much as could have been expected. The new health officer, Dr. F. S. McMahon, has worked very earnestly to redeem his county, and is still working earnestly so to do. He has adopted the beat system, his returns come in regularly and in good shape, and the prospect for success brightens more and more.

Lee.--Our anticipations of better work in Lee have been fully realized. All through the months of the past year there has been a steady improvement, which still continues. Dr. A. B. Bennett is county health officer. A great deal of the improvement made has been due to the energy and tact of Dr. A. G. Emory, the president of the board. We have a good medical directory for this county, with assistants in nearly all the beats, and everybody concerned seem to be working well.

Limestone.—The county health officer of Limestone, still continues to furnish very satisfactory statistics from his county. He manages the matter in his own way, but manages it well.

Lowndes.—Lowndes county has always stood well up towards the front in the collection of vital statistics, and still maintains her position. Dr. Shirley Bragg is county health officer. His salary is six hundred dollars a year. While no ground has been lost—while perhaps there has been some gain—there has not been that decided progress in this county we should have been glad to see.

Macon.—No reports have ever been received from this county. It is a good county, and has a good medical faculty and ought to give a better account of itself.

Madison.—As stated last year the reports from this county, while they have been sent up with tolerable regularity, have never been satisfactory. A few months ago the system of beat officers and beat reports was adopted, and the outlook for successful work is far more encouraging than it has ever been before.

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Marengo.—No monthly reports were received from this county during the past year. An annual report was rendered, but it was too imperfect to be of value. The only trouble in this county is to get a county health officer who will make regular monthly reports in due form. The physicians are all ready to co-operate, and success ought to be certain.

Mobile.—There has been no change in this county in regard to this work since our last report. No attempt is made to collect the statistics of the county outside of the city. There may be some excuse for this, as no appropriation has been made by the county commissioners. But there is no excuse for the fact that the statistics of the city of Mobile are not sent up to the state board in proper form. The Mobile board is as much under the jurisdiction of the state board as is any other local board in the state, and ought to be required to make its reports regularly as do other boards.

Monroe.—The work in Monroe, reported last year as having a promising outlook, has continued steadily to improve. Dr. McMillan is still the county health officer. He makes his reports regularly and in good shape, and the prospect is that the improvement will still go on until Monroe gets into the front rank.

Montgomery.—The failure of our work in this county, remarked on in our last year's report, still continues without improvement. The salary of the health officer has been reduced to two hundred and fifty dollars a year.

Morgan.—There has been a decided improvement in Morgan during the past year. The beat system has been fully adopted, the reports come in regularly and in good shape, and the outlook is full of encouragement.

Perry.—There has been considerable improvement in Perry during the past year, under the administration of Dr. O. L. Shivers, county health officer. But the county is still poorly organized, and will require a great deal of work to bring it up to the high standard at which it should aim.

Pickens.—The unsatisfactory state of affairs reported last year for Pickens remains unchanged, and there is very little hope of improvement.

Pike.—The work in Pike county went on regularly last year, but with results not at all satisfactory. Dr. Pugh H. Brown is health officer for the current year, and already the improvement is very great. The outlook for the future is extremely encouraging.

Randolph.—During the last year, as for all the years before, no reports were received from Randolph. A county health officer, however, has been elected for the current year—Dr. Wyatt Heflin, and the work has been begun. It is too early as yet to foresee the probable result.

Shelby.—Last year in Shelby was a great improvement over any of the previous years since our work began. And within a few months the advance has been so marked as to warrant very high expectations for the future. Dr. J. H. Gunn is the very efficient health officer of this county.

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St. Clair.—The improvement in St. Clair, mentioned in our last report, still goes on, and the outlook is very good. The beat system has been adopted, and the reports are regularly made. The county health officer is Dr. R. F. McConnell.

Sumter.—There has been decided improvement in Sumter during the past year. The beat system has been more thoroughly adopted—Dr. R. D. Webb, as always, makes his reports regularly and in due form. And the outlook is encouraging.

Tallapoosa.—The hope expressed in our last year's report in regard to Tallapoosa has been fulfilled. She has more than recovered her lost ground—has adopted the beat system, and the outlook for the future is good. Dr. James A. Goggans is still county health officer.

Tuskaloosa.—There has been a very great advance in our work in Tuskaloosa, and it is hoped that it will continue. The county has not yet been organized fully on the beat system, but soon will be. Dr. Wm. A. Cochrane is the county health officer.

Walker.—The slight improvement in our work in Walker county, reported for 1884, has not continued, and the outlook for the current year is not at all good.

Wilcox.—No reports were received from Wilcox during the past year. There is a prospect that something will be done soon to revive the work in this county.

PART IV. THE REPORT OF THE STATE HEALTH OFFICER.

THE ADMINISTRATION OF THE HEALTH LAWS.

In the administration of the health laws the principal difficulty is met with in the collection of the statistics of births and deaths in the several counties. These difficulties are, indeed, very great; but they are not greater than they were expected to be; and the experience of several years shows conclusively that they are not insuperable.

The system of supervision exercised through my office has been expanded and developed, from time to time, until it is now believed to be as perfect as it is possible to make it. The methods pursued may be briefly indicated:

(1) All the doctors and midwives in the state are required to report all births and deaths occurring in their

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practice. In the absence of any doctor or midwife all births and deaths must be reported by heads of families.

(2) These reports must be made to the county health officers, or to the beat health officers, under such rules as may be from time to time prescribed by the county boards of health under the general direction and supervision of the state board of health, under penalty for each and every failure, of not less than ten dollars for every doctor, and not less than five dollars for any midwife, or head of family.

(3) The rules recommended by the state board and adopted by the county boards, provide that the returns of births and deaths shall be made for each and every month, at the end thereof, on certificates furnished for the purpose by the state board, which contain all the items of information that are considered to be necessary. These certificates have been prepared with a great deal of care, under the advice of experts in vital and mortuary statistics, and are believed to be very complete.

(4) The county boards of health are furnished with properly ruled and bound registers for the registration of the births and deaths, so that all the information thus collected is made a matter of permanent record.

(5) In several of the counties similar registers are kept by the beat officers. This is considered to be very greatly to be desired, and contributes greatly to the success and completeness of the work; and it is hoped that the time will soon come when every beat officer will keep a beat register. The principal difficulty is the expense of these registers. They cost two dollars and a half each, and many beat officers hesitate to incur this expense. In some instances where they are in use the expense has been borne by the county health officers. In a few other instances the registers have been paid for by the county commissioners.

(6) Doctors, midwives, and heads of families are encouraged to make their returns of births and deaths to the beat officers. They may, however, if they prefer it, report directly to the county health officers. In such cases the

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county health officers are expected to report the facts back to the beats officers; so that the beat registers may be made complete records of the births and deaths occurring in the beats. This imposes very little additional labor and expense on the county health officers, and affords a large measure of encouragement to the beat officers.

(7) The beat officers are expected to make full and complete returns for their several beats in monthly reports to the county health officers. These monthly reports should be sent in not later than the tenth of the month following that covered by the reports, and include all the birth certificates and death certificates returned by those whose duty it is to make the reports; also a condensed statement on form 3½, which contains a tabular statement of the births and deaths occurring in the beat during the month, and also complete lists of all the doctors and midwives heard from for the month, and of all doctors and midwives practicing in the beat who have not been heard from, and who are therefore presumed to be delinquent.

(8) All the practitioners of medicine and midwifery, and all the beat officers in any county are under the supervision of the county health officer, who is expected to look after all delinquents, and to take whatever steps may be necessary to secure full and satisfactory returns of all births and deaths occurring in his county.

(9) The county health officer makes a report for every month to the state health officer, which should be forwarded at the latest by the 20th of the month following that which is covered by it. This report, besides the other items of information which it contains, includes a full exhibit of all the beat reports and complete lists of delinquent doctors and delinquent midwives.

(10) As soon as these monthly county reports—and they include separate reports for all towns of five hundred population—are received at the state health office they are carefully examined; a note is addressed, in each case, to the county health officer pointing out deficiencies, if there are

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any, and making suggestions for improvement; a printed notice is served on each beat officer giving the rating of his beat; and printed notices are addressed to all doctors and midwives reported as delinquent; and all of these items are noted in detail in the medical directory of the state.

(11) The state medical directory is a very large folio volume, containing separate sections for every county and for every beat in the state, and also for every town of over five hundred population. In the section devoted to any county the population—total—white—black—is given, with the name and post-office address of the county health officer; also a tabular record of the births and deaths for every month. In the sections devoted to the beats there is for every beat a statement of the name and address of beat officer, a statement of the population of the beat—total—white—black; a statement of the names and post-office addresses of all the doctors who practice in the beat; a statement of the names and post-office addresses of all the midwives who practice in the beat; tables for the births and deaths occurring every month in the beat; and a record of all the delinquents.

It requires very little examination of this scheme to show that all the details of this large and complicated work have been reduced to a perfect system. The smallest defect is manifest at once and steps are promptly taken for its correction. It is easy to see, also, that the carrying out of all these multitudinous details imposes a large amount of work on the state health officer and his one clerk. But for the perfect system that obtains the work could not be done at all by two men.

CIRCULAR LETTERS, ETC.

The following circular letters and monthly notices have been issued during the year. They need no special explanation, as the several purposes they are intended to subserve will be evident when they are read:

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TO THE COUNTY HEALTH OFFICERS.

The act which provides for the collection of vital statistics in Alabama was passed in February, 1881. It has therefore been in force for five years. The difficulties that stand in the way of the successful prosecution of such an undertaking as the collection of statistics of births and deaths in our sparsely settled communities were duly appreciated from the beginning; and we made the state no extravagant promises when we asked the general assembly to pass the law. We proposed to make an experiment with an entirely new plan, with the hope that in spite of so many failures we would succeed. Our plan being new, it had to be explained to the profession and the people. Our boards of health themselves had to be instructed. Our official agents for the administration of the law had to be educated and trained to efficiency. All of our official forms and schedules—all the machinery of administration—had to be specially created, as the exigencies of practical work suggested the need of them. It is believed now that very little remains to be done in this direction, and that our system is very nearly complete in all its details. Our experiment has been pushed sufficiently far, and has met with sufficient success to warrant us in believing that our most liberal hopes in regard to it will be fully accomplished. In every county where our plans have been given a fair trial they have succeeded. We are confident, therefore, that they can be made to succeed in all the counties of the state; and such success so accomplished will be of incalculable value to the state, and will reflect honor and credit upon the medical profession of the state to an extent that no words of encomium can adequately express. If the medical profession, as one man, will put their hearts in this work it will not only succeed, but it will cease to be difficult.

In 1881 the time was mostly spent in preparation. In 1882 some meager returns of births and deaths were obtained, but hardly with sufficient approximation to completeness as to warrant the expense of publication. In 1883 much more favorable results were obtained, and in 1884 the improvement was still more marked. The work of these two years has been published, and has been received by a large number of health authorities with very favorable comment. The work for 1885 is not yet ready for publication, but it will show a very decided advance over that for any previous year. It is our purpose now to make a special effort to make the current year, 1886, specially memorable in the history of our progress in this work. To this end circulars have been issued to all the assistant health officers in the state, explaining in detail the duties devolving on them, and the best methods for their successful performance. To this end a circular has been addressed to all the midwives in the state, explaining to them the scope and method of their duties under the law. To this end, also, we now address this new circular to the county health officers of the state. It is not intended to be a complete manual of the duties of the county health officers. Such a manual will be found in the fourth chapter of the book of rules, which all health officials are earnestly advised to study until its precepts become as familiar to them as household words—especially that part of it

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included in pages 123 to 134, under the general heading of commentaries and explanations.

The special purpose of this circular is to call the attention of all health officers to such features of our administrative system as need just now to be specially insisted upon. These may be briefly mentioned, *seriatim*, as follows:

(1) Most of the counties now have medical directories, but in many of the counties the directories are not as complete as they ought to be. It is earnestly hoped, therefore, that in every county the county health officer will promptly take such steps as may be necessary to make his medical directory complete for every beat.

(2) In most of the beats we have assistant health officers nominally in charge. A great many of these are proving efficient to a very gratifying degree. But it is also true that many of them are doing very poor work. And this is not always altogether their fault. It is often the fault of the county health officer, who fails to give them the assistance and encourgement they need and deserve to have. It is hoped therefore that the county health officers will keep up constant communication with the beat officers, giving them such instructions as they may need, and furnishing them with all needful facilities for getting up their beat reports.

(3) It is very greatly to be desired that every assistant health officer should keep a register of all the births and deaths occurring in his beat. These beat registers can be had for two dollars and a half each. Surely any half dozen citizens of any beat, if properly appealed to, would cheerfully furnish this small sum of money. This is of so much consequence that it is hoped that special effort will be made to accomplish it.

(4) The county health officers should train their assistants to make out at the end of every month a condensed statement for their respective beats on form 3½, the same to be forwarded along with the certificates of births and deaths. There is no part of our system of more importance than this, since in no other way can the county health officers know what doctors and midwives have been heard from, and what have not been heard from, and without this information he cannot even pretend to do his work with any tolerable approximation to accuracy. Let every county health officer therefore insist, in season and out of season, and with an importunity that will take no denial, on having form 3½ properly filled out for all the beats in his county.

(5) The attention of county health officers is specially called to the circular recently issued to assistant health officers, and especially to the 9th paragraph thereof. Copies of said circular, and, also, of the circular addressed to midwives, will be furnished on application.

(6) County health officers should seek earnestly to get the people interested in their work. To this end they should publish in their county papers monthly statements of their returns of births and deaths and prevailing diseases. They should also publish summaries of their annual reports and lists of beat officers. If they could arrange for occasional

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public lectures on questions connected with public health the effect could not be otherwise than beneficial.

(7) It is too much the fashion for the committees of public health to leave the county health officers to struggle alone with the duties of their position. They should remember that they too have duties to perform, and should not be allowed to neglect them.

(8) There seems to be a great indisposition on the part of the health officials to enforce the penalties of the law against delinquent doctors and delinquent midwives. This is a great weakness and a great mistake. Very few laws would be observed at all but for the enforcement of the penalties; and in the penalties attached to the vital statistics law we have the means of guaranteeing its complete success. Let the penalties of the law then be enforced without hesitation in all cases of persistent delinquency.

(9) It is earnestly hoped that every county health officer, backed by his committee of public health, will go to work with a will to complete the organization of his county, and to perfect the administration of the health laws in accordance with the plans herein developed ; and that he will make his monthly reports promptly and regularly and with special attention to the beat tables, and the lists of delinquents. Last of all, every county health officer will please answer this circular in detail, passing under discussion all the suggestions contained in the preceding nine paragraphs.

TO THE ASSISTANT HEALTH OFFICERS.

Just now the special point in our plans of procedure that requires special attention is this, namely :

The efficient organization of the health districts, or beats, within the counties, and the development of proper energy and efficiency on the part of the assistant Health Officers.

How is this to be done? A considerable number of assistant health officers have already solved this problem for themselves ; and all the others could succeed equally well if they would only give their minds and hearts and a little time to the work. Nevertheless, a few suggestions may not be amiss.

(1) The health districts should not be too large ; and their boundaries should be accurately known, so that no part of the territory of the county would be left without supervision, and so that one assistant health officer would not trespass on the domain of another. As far as possibls every separate beat should have its own assistant health officer. But it may sometimes be expedient to place one assistant in charge of two or more beats. When this is done a separate register should be kept, and separate monthly reports made for each and every beat.

(2) Every assistant health officer should hold himself thoroughly responsible for the district under his charge; and should make it a matter of pride, as well as of duty, to obtain returns of absolutely all of the births and deaths occurring in it.

(3) He should make, in a book kept for that purpose, a complete medi-

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cal directory of his beat; including in it the names, residences, post-office addresses of all the resident doctors and midwives, and of all the doctors and midwives residing in adjacent beats whose practice extends into his; and where it seems advisable, he should appoint sub-assistants to take charge of specially designated plantations or neighborhoods.

(4) He should confer with all these; instruct them in their duties; arrange plans of communication; furnish them with blank certificates for the return of the births and deaths; and he should make it an inflexible rule to have a report from every one of them about the first of every month; said report to include all the births and deaths occurring in the practice of the reporter, or under his or her observation, during the preceding month; or if no births or deaths have occurred, the report should be made all the same, to state the fact. This is the keystone of the whole fabric, namely: That every doctor and every midwife should be heard from at least once in every month.

(5) He should keep a register of vital statistics for his district or beat, in which should be carefully entered every birth and every death occurring in it. He should make it a matter of special pride and emulation to keep this register in perfect order; to have it carefully and elegantly written up; and in every way to make it a complete and trustworthy record. Loose sheets, ruled in the same way as the county registers, are furnished to assistant health officers for this purpose. It is much to be regretted that we are not able to furnish bound volumes; but while the cost of a single volume is small, the aggregate cost for the whole state would be large. In many instances, perhaps, if the proper representation was made to them, the county commissioners would pay for them. In some cases, the expense has been borne by the county health officers out of their scanty salaries. In other instances still, the assistant health officers themselves may be willing to pay for their own registers. This question of registers is one of very great importance, and it is to be hoped that in some way the problem of how to get them will be solved in all the counties.

(6) He should, not later than the tenth of every month, make to the health officer of the county a report of his stewardship for the previous month; and this report should include, in addition to the return of the births and deaths, a list of delinquent doctors and midwives, and a statement of the prevalent diseases and sanitary condition of his district made out on form 3½. This use of form 3½ is important, and should never be neglected. If there are no delinquents—and if he does his full duty there will be none—this fact should be expressly stated.

(7) He should early in the month of January of each year, make to the county health officer a full circumstantial and statistical report, covering the whole of the preceding year; including an account of such endemic and epidemic diseases as may have been prevalent in his beat, and a discussion of any difficulties he may have encountered in the collection of vital statistics. This annual report should also include the medical directory for his beat, revised and corrected to date.

(8) If he receives certificates of births or of deaths occurring in other

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districts than his own, he should duly forward them to the county health officer, and should at the same time, notify the assistant health officer of the beat in which the said births or deaths did occur of all the facts, so as to make his register complete.

(9) In like manner, whenever the county health officer receives the return of a birth or of a death, whether directly or at second hand, through any other medium than that of the assistant health officer of the beat in which it occurred, he should at once notify said assistant health officer of all the facts, so as to enable him to make his register complete.

(10) In every county the county health officer and the assistant health officers of the county should confer together fully and freely, whenever opportunity offers, in regard to the difficulties, details and methods of their work, so that they may all be able to act together intelligently and harmoniously for the accomplishment of a common purpose.

(11) If in any county any assistant health officer should prove gravely derelict or conspicuously inefficient in the discharge of his duties, as here given in outline, the health officer of the county should at once give the matter his earnest attention; should make a formal report of it to the committee of public health, and everything that is reasonably possible should be done, and done promptly, to correct the evil.

(12) The omniprevalent sins, the sins that lead to more failures of well projected enterprises, and more collapses of ambitious aspirations than all the rest put together, are negligence and procrastination. Let every one connected with the administration of the health laws in Alabama, therefore, make one resolution and act up to it, namely: To do to-day's work to-day. If this is done, there need be no fear of the result.

Rewards cleave to deserts,
And power to him who power exerts.

NOTA BENE.—I beg that every assistant health officer who receives this circular will write to me promptly, fully and freely with reference to the following points:

(1) Do you keep a register for your beat? If not, why not?

(2) Besides sending the county health officer the certificates of births and deaths for your beat, do you also make out for him the condensed report on form 3½? If not, why not?

(3) Do you hear from all the doctors and midwives who practice in your beat at the end of every month? If not, why not?

(4) Do you get returns of all the births and deaths in your beat? If not, why not?

(5) Have you tried the plan of having sub-assistants in the various neighborhoods of your beat? If so, how does it work?

(6) Will you please send me a full list of all the doctors and midwives who practice in your beat? with full names and post-office addresses? I want to write to all of them.

I send this circular to every assistant health officer in the state; I desire to hear from all of them; and I hope none of them will treat me with the discourtesy of neglecting to answer.

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MONTHLY NOTICE TO BEAT HEALTH OFFICERS.

It is proposed to send a copy of this notice every month to every assistant health officer in the state so that he may see how his beat report has been rated by the health officer of his county.

In indicating the rating the letter A means a perfect report; the letter E an imperfect report; and the letter O that no report at all has been received.

A report is regarded as perfect when the beat officer has heard from all the doctors and midwives in his beat; or when in any other way he is able to assure his county health officer that all the births and deaths have been returned.

Of course it must be borne in mind that county health officers are liable to make mistakes. In such cases the beat officer ought not to take offense; but should either see his county health officer, or write him a courteous letter, giving such explanations and statements of facts as may be needed to correct the mistake.

When the rating of the report is A the beat officer will please understand that his good work is duly appreciated by this office.

When the rating or the report is E or O the beat officer will please understand that the county health officer, and the state health officer will be greatly obliged if he will communicate with them at once, making a full business-like statement, explaining why the report was imperfect, or why no report was made at the proper time, and this to the end that steps may be taken to obtain the missed returns, and to remove the cause that led to the failure.

It is specially hoped that no beat officer will grow restive or discouraged because the ratings may show that his reports are not considered as perfect. On the contrary, it is hoped that such ratings will rouse him to more efficient work. It is only by perseverance, forbearance, and kindly cooperation amongst ourselves that we can accomplish the great work we have undertaken. Let our watchword be "a long pull, a strong pull, and a pull altogether." Perfect work is not expected immediately or always. But if we put our hearts into the effort perfect work will come soon, and the failures will be few and far between.

All of which is respectfully submitted.

Montgomery, Ala.....188..

Monthly Statement.

County.....Beat.....Month .....

Rating.....Beat Officer.....

NOTICE TO DELINQUENT DOCTORS.

The laws of the state of Alabama require that all persons who practice medicine in the state must report to the health officers of their respective counties all the births and deaths that occur in their practice; and if any

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person so practicing fails to report any such birth or death the penalty is not less than ten dollars for each and every case.

All cases occurring in any month must be reported at the end of said month. Reports may always be made to the health officer of the county; but there is an assistant health officer in almost every beat; and it is usually best to make reports to him. Blank certificates will be furnished by the health officers upon which to make out the reports.

Any doctor who has no births or deaths in any month should at the end of it report the fact by postal card, or in any other convenient way, to the proper health officer so that he may know there has been no neglect of duty.

As a rule our doctors yield cheerful obedience to the law, and stand ready to do all they can to contribute to the successful administration of it. But sometimes they are careless, and neglect to forward their reports to the beat health officer or to the county health officer, as the case may be, at the end of the month.

When any doctor fails at the end of the month to report to the county health officer or to the beat health officer he is presumed to be delinquent, and is so reported to the state health officer; and on all such will be served a copy of this notice.

Every doctor, therefore, who receives a copy of this "notice to delinquents" will please understand that he stands charged at the state health office with delinquency for the preceding month; and to the end that the record may be duly revised and corrected he will please do these two things promptly:

(1) He will please report at once to the beat or to the county health officer, and forward to him all delayed returns of births and deaths; or if he has no births or deaths to return he will make his report to that effect.

(2) He will please also write directly to the state health officer and give him a brief statement of the real facts of the case. If any duty has been neglected let the neglect be atoned for promptly. If any mistake has been made let it be promptly corrected.

The law for the collection of vital statistics in Alabama was passed at the request of the medical profession of the state, and the honor of the profession stands pledged for its successful administration. Let every doctor therefore uphold and vindicate the law by the faithful performance of his own duty under it, and by explaining its provisions and importance amongst the midwives and the people within his circle of practice.

NOTICE TO DELINQUENT MIDWIVES.

The laws of the state of Alabama provide that all persons who practice midwifery in the state must report to the health officers of their respective counties all the births that occur in their practice; and if any person so practicing fails to report any such birth the penalty is not less than five dollars for each and every case.

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All cases occurring in any month must be reported at the end of said month. Reports may always be made to the health officer of the county; but there is an assistant health officer in almost every beat; and it is usually best to make the reports to him. Blank certificates will be furnished by the health officers upon which to make out the reports. Midwives who are not able to make out the reports themselves should get some friend to help them.

Any midwife who has had no births in any month should at the end of it report that fact, by postal card, or in any other convenient way, to the proper health officer, so that he may know there has been no neglect of duty.

We have found generally that our midwives yield cheerful obedience to the law as soon as they understand it; and they may rest assured that they will be subjected to no annoyance as long as they make their reports regularly. Should any midwives persistently refuse or neglect to perform this duty, they must expect to suffer the penalties of the law, which it is our purpose resolutely to enforce.

When any midwife fails at the end of the month to report to the county health officer, or to the beat health officer, she is presumed to be delinquent, and is so reported to the state health officer; and on all such will be served a copy of this notice.

Every midwife, therefore, who receives a copy of this "notice to delinquents" will please understand that she stands charged at the state health office with delinquency for the preceding month; and to the end that the record may be duly revised and corrected, she will please do these two things:

(1) She will please report at once to her beat or county health officer, and forward to him all delayed returns of births; or if she has no births to return she will please make her report to that effect.

(2) She will please also write direct to the state health officer and give him a brief statement of the real facts of the case. If any duty has been neglected let the neglect be atoned for promptly. If any mistake has been made let it be promptly corrected.

There are some who attend only one or two cases a year. These ought hardly to be called professional midwives, and while their cases must be reported it can hardly be expected of them to report at the end of every month. All such should see the beat health officer and make such arrangement as to avoid the annoyance of frequent delinquent notices.

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PART V. SUPPLEMENTARY PAPERS.

DECISION OF THE SUPREME COURT IN A CASE INVOLVING THE LAW TO REGULATE PRACTICE.

SUPREME COURT, December Term, 1885.

3 Div. 1029.] JOSEPH HARRISON *vs.* JOSEPH R. JONES.

CLOPTON, J.—By the code of 1852, the medical boards then existing were continued. They were required to examine all applicants for practice, and their diplomas or licenses, in all cases, were required to be from a respectable college or institution; and if the applicants were qualified and of good moral character, the board must grant a license to practice physic, surgery, and dental surgery, or any one or more of such branches. Every contract, the consideration of which was founded on services rendered as a physician, surgeon, or dentist, was declared void, unless the person rendering such services had obtained a license to practice in such capacity from one of the medical boards of this state.—Code of 1852, §§ 971, 972, 973, 977. On Feb. 17, 1854, an act was passed allowing all regular graduates of any medical college in the United States to practice their profession without obtaining a license from the medical boards or societies as established by law; and by an act passed Feb. 25, 1860, section 977 was amended so as to exempt from its operation contracts, the consideration of which was formed on services rendered by a graduate of some medical college in the United States.—Acts 1853-4, p. 48; Acts 1859-60, p. 20.

Sections 971 to 982, inclusive, Code of 1852, with the subsequent amendments, constitute sections 1516 to 1527, inclusive, of Code of 1876.

The Code of 1876 was adopted Feb. 2, 1877; and by the act adopting it, it was provided, "that no act of the general assembly, passed at the present session, shall be repealed or otherwise affected by the adoption of the Code." On Feb. 9, 1877, seven days after the adoption of the Code, and at the same session, "an act to regulate the practice of medicine in the state of Alabama," was passed, the provisions of which are embodied in sections 1528 to 1535, inclusive, and sections 4244 of the Code of 1876. Sections 1528 and 1529 prohibits any practice of either the regular or irregular systems, as a profession and means of livelihood, without having obtained a certificate of qualification from some authorized board of medical examiners as provided by the statute, and section 1532 requires that every diploma or certificate of qualification issued by any authorized board of medical examiners, shall be presented to the judge of probate of the county in which the person to whom issued resides, who shall officially endorse the same, seal it with the seal of the county, and cause a full and fair copy to be made in a well bound book to be kept for the purpose, and called the register of licensed practitioners of medicine.

It is insisted that all the sections of the Code from 1516 to 1535 inclusive, being incorporated therein must be construed in *pari materia*, as constituting

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one entire system prescribing not only the mode of qualification, and the proof of the same, but also the keeping of a register of licensed practitioners of medicine, and regulating the validity of their contracts for services; and that when thus construed, graduates of any medical college in the United States are still authorized to practice their profession, and recover for their services, without obtaining a certificate of qualification, and complying with the requirements of section 1532. A casual examination of the act of February 9th, 1877, will suffice to show, that the purpose of the legislature was to organize a complete and entire system, regulating the practice of medicine in this state, and to supercede prior regulations. The board of censors of the medical association of the state, organized in 1873, and the board of censors of the several county medical societies, in affiliation with the state medical association, constitute the authorized board of medical examiners. The medical association of the state is vested with authority to determine from time to time, the standard of qualifications required of persons desiring to practice medicine, and rules for the government of the authorized boards of medical examiners. And persons who are authorized, and are engaged in the practice of medicine in this state, are entitled to a certificate of qualification from the boards of medical examiners, and to be inscribed in the register of licensed practitioners without examination as to qualification.—Code, §§ 1530, 1531, 1533.

These provisions clearly show, that the design of the statute is to establish boards of medical examiners, other and different from those heretofore established; to have the standard of qualification fixed by a state association organized under its laws; and to bring all physicians authorized and engaged in the practice of medicine, within the provisions of the statute, whenever a board of medical examiners is organized in the county of the residence.

The act of February 9, 1877, was not adopted with and as a part of the Code. It was put in the Code in pursuance of the legislative directions, that the codifiers should incorporate in the Code all the acts of a public and general nature passed at that session. While it is true, that all laws embodied in the Code, as reported to the legislature, were re-enacted by its adoption, yet an act passed at a later date of the same session will repeal by implication a section of the Code, when there is an irreconcilable conflict and repugnance. By section 1534, the provisions of the six preceding sections take effect in any county whenever the board of medical examiners for the county shall have been organized, and such organization officially communicated to the judge of probate.

While the previous statutes are in force in those counties in which no such board of medical examiners has been organized, the provisions of the later statutes are utterly inconsistent with the theory that any medical college is authorized to determine and certify the qualification required of persons desiring to practice medicine in the counties where such authorized boards exist, and repeals, by clear implication, section 1522 of the Code as to such counties.

It being admitted that there had been organized prior to, and was in ex-

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istence during the period the services were rendered by the plaintiff, an authorized board of medical examiners in Butler county; and it appearing that the plaintiff never obtained, but refused to accept, a certificate of qualification from such board, though one was prepared for him; and that no such certificate was presented to the judge of probate, the question is, can the plaintiff, notwithstanding, recover for the services rendered?

Section 4244 makes any person practicing medicine in this state in violation of any provisions of sections 1528-35 inclusive, guilty of a misdemeanor. The section embodies section six of the original act. When the services were rendered the plaintiff was practicing medicine as a means of livelihood in violation of the provisions of the act. Whatever may be the rule elsewhere, it is too well settled in this state to require further argument, that a penalty imposed by the statute, implies a prohibition; and a contract founded on its violation is void, though not so expressly declared by the statute. In O'Donnell vs. Sweeny. 5 Ala., 468, it is said, "It would indeed be a strange anomaly, if a contract made in violation of a statute, and prohibited by a penalty, could be enforced in the courts of the same country whose laws are thus trampled on and set at defiance."—Shippy vs. Eastwood, 9 Ala., 198; Milton vs. Haden, 32 Ala., 150; Renfroe vs. Loyd, 64 Ala., 94.

There is no error in the record. Affirmed.

FORM OF INDICTMENT.

In the Transactions for last year there were published two forms of indictment for violation of the law to regulate the practice of medicine, which were prepared by the attorney general of the state. These have not been tested in the courts; but some doubt of their sufficiency has been expressed by lawyers who have examined them.

Another form is here given which has been used in several cases by Mr. S. J. Darby, solicitor of the fifth circuit. The sufficiency of this form has not been challenged:

THE STATE OF ALABAMA, } CIRCUIT COURT.
——— County. } Term 188 .

The grand jury of said county charge, that before the finding of this indictment .....did practice a regular system of medicine in said county and state, as a profession and means of livelihood, after a board of medical examiners for said county had been duly appointed and organized, in accordance with the provisions of the constitution of the medical association of the state of Alabama, which was adopted at its annual meeting

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at the city of Tuskaloosa in March, 1873, and the fact of such organization was officially communicated to the probate judge of said county of..... by the board of censors of the medical association of the state of Alabama, without having obtained a certificate of qualification from the board of censors of the medical association of the state of Alabama, organized according to the constitution of the medical association of the state of Alabama, which was adopted at its annual meeting at the city of Tuskaloosa in March, 1873, or from the board of censors of any county medical society in the state, which are or were in affiliation with the medical association of the state of Alabama, organized in accordance with the provisions of the constitution aforesaid. And the grand jury of said county further charge, that before the finding of this indictment.....did practice an irregular system of medicine in some of its branches or departments, to the grand jury unknown, as a profession or means of livelihood, in the state of Alabama, and county aforesaid, without having obtained a diploma or certificate of qualification in anatomy, physiology, chemistry, and the mechanism of labor, from an authorized board of medical examiners, as provided by section one thousand five hundred and thirty (1530), of the Code of Alabama, after a board of medical examiners for said county had been organized as provided by section one thousand five hundred and thirty of the Code of Alabama ; and after the fact of such organization had been officially communicated to the probate judge of said county of..... by the board of censors of the medical association of the state of Alabama.

Against the peace and dignity of the state of Alabama.

A BILL TO PREVENT THE INTRODUCTION OF CONTAGIOUS AND INFECTIOUS DISEASES INTO THE UNITED STATES, AND TO ESTABLISH A BUREAU OF PUBLIC HEALTH.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be established in the department of the interior a bureau of public health. There shall be appointed from civil life by the president, by and with the advice and consent of the senate, a commissioner of health, who shall be intrusted with the management of the bureau herein established. He shall be paid an annual salary of four thousand five hundred dollars. For his use the secretary of the interior shall provide suitable offices, and, with the approval of the same, he shall employ such assistants and clerks as may be necessary.

SEC. 2. That it shall be the the duty of the department of state to obtain from the consular officers at foreign ports and places all available information in regard to the sanitary condition of such ports and places, and to transmit the same to the bureau of health ; and said bureau shall also obtain, through all sources accessible, including state and municipal sanitary authorities throughout the United States, weekly reports of the sanitary condition of ports and places within the United States ; and shall prepare, publish, and transmit to the medical officers of the marine hospital service,

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to collectors of customs, and to state and municipal health officers and authorities, weekly abstracts of the consular sanitary reports and other pertinent information received by said bureau; and shall also, as far as it may be able, by means of the voluntary co-operation of state and municipal authorities, of public associations, and private persons, procure information relating to climatic and other conditions affecting the public health; and shall make an annual report of its operations to congress, with such recommendations as it may deem important to the public interests; and said report, if ordered to be printed by congress, shall be done under the direction of the bureau. That the necessary printing of the bureau of public health shall be done at the government printing office upon the requisition of the commissioner of health, in the same manner and subject to the same provisions as other public printing for the several departments of the government.

SEC. 3. That the commissioner of health shall, under the direction of the secretary of the interior, frame rules which, when approved by the president and issued by the department of state, shall serve for the instruction of consular officers of the United States and of the medical officers serving at any foreign port. In compliance with these rules, every master of a vessel destined for a port of the United States shall be furnished with a certificate containing a detailed statement of the inspection of the vessel, cargo, crew, and passengers, and of the sanitary measures carried out at the expense of the vessel; or if such measures are not carried out, instant warning shall be transmitted to the bureau, who shall immediately notify the quarantine authorities of the port of destination.

SEC. 4. That the bureau of public health shall, with the approval of the secretary of the interior, make investigations, both in the United States, and, if necessary, in foreign countries, into the nature, origin, and prevention of contagious and epidemic diseases, as well as the causes and conditions of particular outbreaks of disease in the United States, and shall publish and distribute documents relating to the prevention of disease.

SEC. 5. That the president is authorized, when requested by the bureau of public health, and when the same can be done without prejudice to the public service, to detail officers from the several departments of the government for temporary duty, to act under the direction of said bureau, to carry out the provisions of this act; and such officers shall receive no additional compensation except for actual and necessary expenses incurred in the performance of such duties. When a detail of suitable officers cannot be made, the commissioner of health may employ such experts, and for such time and in such manner as the funds at the disposal of the bureau may warrant, subject to the approval of the secretary of the interior.

SEC. 6. That to defray the expenses incurred in carrying out the provisions of this act the sum of seventy-five thousand dollars, or so much thereof as may be necessary, is hereby appropriated, to be disbursed under the direction of the secretary of the interior, on the requisition of the commissioner of health.

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SEC. 7. That an act entitled "An act to prevent the introduction of contagious or infectious diseases into the United States, and to establish a national board of health," approved March third, eighteen hundred and seventy-nine, and all other acts and parts of acts conflicting with the provisions of this act, are hereby repealed.

SEC. 8. That this act shall take effect sixty days after its passage, within which time the commissioner of health shall be appointed.

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THE ACTION OF THE ASSOCIATION ON THE REPORT OF THE BOARD OF CENSORS.

The senior censor read the report of the board of censors and committee of public health by the several sections separately for the consideration of the association. In this way the following votes were taken:

(1) The senior censor read the substitute prepared by the board of censors for Dr. McDaniel's proposed amendment to the constitution creating a new class of counsellors to be known as grand senior life counsellors—See *ante*, page 119—and moved its adoption by the association.

The motion was unanimously passed.

(2) The senior censor read the ordinance recommended by the board of censors in relation to the duty of members to abide by the will of the association—See *ante*, pages 119-120—and moved its adoption by the association.

The motion was unanimously passed.

(3) The senior censor read the counsellors pledge recommended by the board of censors—See *ante*, page 120—and moved its adoption by the association.

The motion was unanimously passed.

(4) The senior censor read the two resolutions recommended by the board of censors in relation to the revision of the minutes—See *ante*, page 123—and moved their adoption by the association.

The motion was unanimously passed.

(5) The senior censor read the resolution recommended by the board of censors in relation to the proposed international medical congress in 1887—See *ante*, page 124—and moved its adoption by the association.

The motion was unanimously passed.

(6) The senior censor read the recommendation of the

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board of censors in relation to the Blount county medical society—See *ante*, page 128—and moved its adoption by the association.

The motion was unanimously passed.

(7) The senior censor read the recommendation of the board of censors in relation to the Crenshaw county medical society—See *ante*, page 128—and moved its adoption by the association.

The motion was unanimously passed.

(8) The senior censor read the recommendation of the board of censors in relation to the Chilton county medical society—See *ante*, page 128—and moved its adoption by the association.

The motion was unanimously passed.

(9) The senior censor read the recommendation of the board of censors in relation to the Colbert county medical society—See *ante*, page 128—and moved its adoption by the association.

The motion was unanimously passed.

(10) The senior censor read the recommendation of the board of censors in the Greene county medical society—See *ante*, page 129—and moved its adoption by the association.

The motion was unanimously passed.

(11) The senior censor read the recommendation of the board of censors in relation to the granting of charters to the medical societies of the counties of Baldwin, Cullman, Escambia, Marshall, and Talladega—See *ante*, page 129—and moved its adoption by the association.

The motion was unanimously passed.

(12) The senior censor read the recommendation of the board of censors for the approval of the annual report of the secretary, and in relation to the book of the rolls—See *ante*, page 130—and moved its adoption by the association.

The motion was unanimously passed.

(13) The senior censor read the recommendation of the board of censors for the approval of the annual report of

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the treasurer, and in relation to the book of accounts—See *ante*, page 130—and moved its adoption by the association.

The motion was unanimously passed.

(14) The senior censor read the ordinance recommended by the board of censors requiring seventy-five percentum of satisfactory answers for a successful examination—See *ante*, page 140—and moved its adoption by the association.

The motion was unanimously passed.

(15) The senior censor read the ordinance recommended by the board of censors declaring graduates of eclectic medical colleges to be regular physicians within the meaning and intent of the law to regulate practice—See *ante*, page 142—and moved its adoption by the association.

The motion was unanimously passed.

(16) The senior censor read the ordinance recommended by the board of censors and providing a new schedule for the examination of all regular physicians—See *ante*, page 142—and recommended its adoption by the association.

The motion was unanimously passed.

(17) The senior censor read the resolution to support the existing health laws recommended by the board of censors—See *ante*, page 157—and moved its adoption by the association.

The motion was unanimously passed.

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THE REVISION OF THE BOOK OF THE ROLLS.

(1) THE REVISION OF THE ROLL OF COUNTY SOCIETIES.

The roll of the county medical societies was called in order, and all of them being satisfactorily accounted for by delegates, or by counsellors, by annual reports submitted, and payment of dues, were favorably passed upon, except the following, namely:

The Blount county society.

This society was at the Greenville session referred to the board of censors for investigation. On the recommendation of the board—which see—it was ordered to be retained on the roll, and the investigation dismissed.

The Chilton county medical society.

This society was at the Greenville session referred to the board of censors for investigation. On the recommendation of the board—which see—it was ordered to be retained on the roll, and the investigation dismissed.

The Colbert county society.

This society was at the Greenville session referred to the board of censors for investigation. On the recommendation of the board—which see—it was ordered to be retained on the roll, and the investigation dismissed.

The Crenshaw county society.

This society was at the Selma session referred to the board of censors for investigation, and at the Greenville session last year the investigation was ordered to be continued. On the recommendation of the board—which see—it was ordered to be retained on the roll, and the investigation dismissed.

The Greene county society.

This society tendered the resignation of its charter at the Greenville session, and was referred to the board of censors.

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During the past year the difficulty has been arranged, and the proposition to surrender the charter withdrawn. On the rcommendation of the board—which see—it was ordered to be retained on the roll, and the investigation dismissed.

The following county medical societies having been granted charters, upon the recommendation of the board of censors, were ordered to be added to the roll of county medical societies, viz:

The Baldwin county medical society.
The Cullman county medical society.
The Escambia county medical society.
The Marshall county medical society.
The Talladega county medical society.

The roll of the county medical societies was closed until the annual session of the association in 1887.

(2) THE REVISION OF THE COLLEGE OF COUNSELLORS.

The Grand Senior Counsellors.

All the grand senior counsellors were satisfactorily accounted for, and were ordered to be retained on the roll, except the following:

Dr. William Henry Abernethy, of Camden, Wilcox county, grand senior counsellor of 1875, was reported as having been absent three successive sessions, and his name ordered struck from the roll.*

Senior Counsellors.

Dr. George Washington Brown, of Pratt Mines, Jefferson county, senior counsellor of 1880, was reported as having failed to pay the annual dues for 1885, and his name was ordered to be struck from the roll.

Dr. John Cooper Lee, of Blount Springs, Blount county, senior counsellor of 1877, was reported as having been ab-

*NOTE.—Dr. Abernethy was dropped from the roll of grand senior counsellors at the Anniston session through mistake. His case will be reconsidered at the next session of the association.—SECRETARY.

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sent for three successive sessions, and his name ordered struck from the roll.

Dr. William Thomas McAllister, of Marion, Perry county, senior counsellor of 1880, having died during the year, his name was ordered struck from the roll, and his biography inserted in the book of the dead.

Dr. John Calhoun Parham, of Gainesville, Sumter county, senior counsellor of 1879, was reported as having been absent for three successive sessions, and his name ordered struck from the roll.

Junior Counsellors.

Dr. Hugh William Caffey, of Hayneville, Lowndes county, junior counsellor of 1881, was reported delinquent of dues for 1885. His name was ordered struck from the roll.

Dr. James Buckner Luckie, of Birmingham, Jefferson county, junior counsellor of 1882, was reported as having been absent for three successive sessions, and his name ordered struck from the roll. He was immediately reinstated as counsellor, by election, and the date of his first election ordered to be entered on the roll as formerly, 1882.

Dr. George Washington Williams, of Allsborough, Colbert county, junior counsellor of 1874, was reported delinquent of dues for 1885, and his name ordered struck from the roll.

Dr. Richard Mathew Fletcher, of Madison Station, Madison county, junior counsellor of 1881, was inaccurately recorded in the revised roll of 1886. The necessary correction was ordered to be made.

Dr. Henry Bascom Ward, of Cuba, Sumter county, junior counsellor of 1883, was unintentionally omitted in the revised roll of 1885. The necessary correction was ordered to be made.

Counsellors Elect.

The following counsellors elect having signified their ac-

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ceptance and paid their dues, their names were ordered to be added to the roll under date of 1885:

Bragg, Shirley, Lowndesboro, Lowndes county.
Goodwin, Albert, Eufaula, Barbour county.
Inge, William Tutwiler, Mobile, Mobile county.
Kendrick, Joel Bedar, Greenville, Butler county.
Lowery, Samuel Henry, Huntsville, Madison county.
Nicholson, Edward Pierson, Valley Head, DeKalb county.
Norris George Calvin, Wadsworth, Autauga county.
Whelan, Charles, Birmingham, Jefferson county.

Dr. Curtis Burke Herbert, of Greenville, Butler county, was dropped at the Selma session of 1884 for non-attendance. He was reëlected a counsellor at the Greenville session, and inasmuch as he had served five consecutive years as a junior counsellor, he was ordered to be put on the roll of the senior counsellors.

The secretary announced that there were eight vacancies in the college of counsellors, whereupon the ballot was ordered and resulted in the following selections to fill the vacancies:

Baldwin, Benjamin James, Montgomery, Montgomery county.
Harrison, John Finley, Munford, Talladega county.
Luckie, James Buchner, Birmingham, Jefferson county.
Nolen, Abner Jackson, New Site, Tallapoosa county.
Rushing, Francis Marion, Elba, Coffee county.
Sadler, John Milton, Uniontown, Perry county.
Whaley, Lewis, Blountsville, Blount county.
Wilkinson, James Anthony, Flomaton, Escambia county.

The three senior counsellors whose names here follow, having served the association as such for ten successive years, were ordered transferred to the roll of grand senior counsellors under date of 1876:

Furniss, John Perkins, Selma, Dallas county.
McKinnon, John Alexander, Selma, Dallas county.
Pritchett, John Albert, Hayneville, Lowndes county.

The nine junior counsellors whose names here follow, were elected at the Montgomery session, 1881, and having served as such for five consecutive years, were ordered to

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be transferred to the roll of senior counsellors, under date of 1881:

DuBose, Wilds Scott, Columbiana, Shelby county.
Fletcher, Richard Mathew, Madison Station, Madison county.
Hendrick, Gustavus, Brundige, Pike county.
Heustis, James Fountain, Mobile, Mobile county.
Jones, Capers Capeheart, Furman, Wilcox county.
Kendrick, William Thomas, Greenville, Butler county.
Mushat, John Patrick, Hayneville, Lowndes county.
Robertson, Thaddeus Lindlay, Oxford, Calhoun county.
Thetford, William Fletcher, Boligee, Greene county.

The roll of the college of counsellors was here closed until the next annual session of the association, 1887.

(3) THE REVISION OF THE ROLL OF CORRESPONDENTS.

The senior censor announced that the board of censors had no recommendation to make in regard to the roll of correspondents.

The roll of correspondents was here closed until the next annual meeting of the association, 1887.

(4) THE REVISION OF THE ROLL OF OFFICERS.

The secretary announced the following vacancies in the roll of officers, namely:

One president, one vice-president, two members of the board of censors and committee of public health for five years, one orator, and one alternate orator; whereupon the ballot was ordered, and resulted in the following selections to fill the several positions, namely:

President—Samuel Dibble Seelye, M. D., Montgomery.

Senior Vice-President—Thaddeus Lindley Robertson, Oxford.

Junior Vice-President—Lucius Ernest Starr, Camden.

The Board of Censors and Committee of Public Health—Charles Higgs Franklin, Union Springs, for five years; William Henry Sanders, Mobile, for five years.

Orator—Richard Proctor Huger, Anniston.

Alternate Orator—William Tutwiler Inge, Mobile.

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The roll of officers was here closed until the next annual meeting of the association, on the second Tuesday in April, 1887.

By vote, Tuskaloosa was selected as the place for holding the next annual session, in April, 1887.

MISCELLANEOUS BUSINESS.

The President elect, Dr. Samuel D. Seelye, of Montgomery, and Dr. Thaddeus L. Robertson, of Oxford, were escorted to the rostrum by Drs. Edward H. Sholl, of Birmingham, and George A. Ketchum, of Mobile, and introduced to the association by the retiring president, Dr. Francis M. Peterson, in the following brief and appropriate remarks:

DR. SEELYE—Your brethren of this association, recognizing your long and valuable services, in contributions to its literature and work, have elected you to the distinguished position of president. This is an honor of which any physician in the state might well be proud. I congratulate you on your preferment, and most cheerfully turn the reins of authority over to you, feeling assured that you will be as devoted to the interest of the association in the future as in the past.

In retiring from the office of president, allow me to again express my thanks to the association for the honor conferred upon me. During my administration I have done what I could for the advancement of the objects and interests of the association. For any want of skill or ability in the discharge of my official duties, I beg your kindly forbearance. I have done the best I could. Accept the assurance that I shall ever feel the greatest interest in the association, and contribute what I may be able to enlarge its usefulness.

In response, Dr. Seelye said:

MR. PRESIDENT—I thank you for the hearty and cordial manner in which you have welcomed me to this chair, and for the kindly personal references to myself. In the discharge of the high duties of this office I am glad that I shall always feel free to ask of you such aid and counsel as your experience and sound judgment will enable you to give, and feel sure that any demand upon you will meet a ready response, not only from feelings of personal regard, but also from the love you bear to this association.

Gentlemen of the Medical Association of the state of Alabama, I thank you for this token of your confidence and esteem. Our association is pow-

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erful in its organization and growing more so every year. Its aims are lofty and its work is grand. Already we see the results of our labors in the higher tone of our profession in the state. The qualification of its members for their high and beneficent work is left by the law of the commonwealth in our hands. If we remain true to this trust each year will see added to our ranks men who will honor our profession and whom the people will honor. In the work of gathering the vital statistics, which is also left to us as a trust from the state, we have yet much to do in educating both the profession and the people up to the work. A few counties are still unorganized, and our work in this direction cannot stop until every county of the state becomes an integral part of our association. To be president of such an organization, whose work reaches out in so many directions, is not an empty honor. The simple presiding over an annual meeting is only a small part of the duties and responsibilities of the office. To these varied obligations I promise to give all of thought, time and energy that I possess, and I need not tell you that this will be a labor of love with me, for my devotion to the interests of the association has been attested by my works for many years. I will not ask it, for I know I will have your sympathy and co-operation in my work, and I know that for any failure or errors in the performance of my duties I will not in vain invoke your gentle charity. You are all weary, and turning your eyes longingly homeward after a week of such steady work, and as you will have to listen to me for a longer message one year hence, I will not further trespass upon your time, but wish you all happy returns to your homes and the scenes of your duties.

Dr. Robertson, senior vice-president, acknowledged the honor conferred upon him by his election in a few appropriate words.

On motion of Dr. Jerome Cochran, of Mobile, senior censor, the association adjourned without day.

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THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

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THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

INTRODUCTION.—Since the Birmingham session, 1883, the Committee of Publication has prefaced the roll of county medical societies with an appeal to secretaries of the same to do their work more thoroughly and systematically, and not force upon the Secretary of the Association the necessity of re-writing and revising their annual reports. No one can form a just estimate of the labor such revision imposes, nor the time occupied in the work. This can be very easily avoided if county secretaries would only examine their reports of the year previous.

These reports should be written *on one side* of legal cap paper, in a round hand, and each name written out in full, and correctly spelled.

Special attention is called to the necessity of accurately dating certificates of medical examining boards, and to giving accurately the counties from which such certificates were issued.

Following the names of the county societies there has been added the dates of their several charters, and the names of the places where the sessions of the Association were held at which the charters were granted.

THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1886.

AUTAUGA COUNTY MEDICAL SOCIETY—Selma, 1874.

President—Charles Alva Edwards, M. D., Prattville.
Secretary—John Edward Wilkinson, M. D., Prattville.
President of the Board of Censors—Archibald Smith McKeithen, M. D., Prattville.
County Health Officer—Samuel Parish Smith, M. D., Prattville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Davis, John Wilson, Atlanta medical college, 1859, Prattville.
Edwards, Charles Alva, Memphis medical college, 1849, Prattville.

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Golson, Wyatt Washington, medical college of South Carolina, 1854, Autaugaville.
Howard, Thomas Greenwood, Washington university, Baltimore, 18—, Mulberry.
McKeithen, Archibald Smith, medical college of Virginia, 1860, Prattville.
Sadler, William Fisk, college of Physicians and Surgeons, Baltimore, 1880, Autaugaville.
Thompson, Green Hill, medical college of Alabama, 1860, Autaugaville.
Wilkinson, John Edward, university of Louisiana, 1868, Prattville.
Membership—8.

HONORARY MEMBER.

Dr. Charles Malone Howard, medical college of South Carolina, Mulberry.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Howard, Carter Campbell, medical college of Georgia, 1841, Autaugaville.
Norris, George Calvin, medical college of Alabama, 1883, Wadsworth.
Pope, Willis, Jefferson medical college, 1855, Vineton.
Sherrell, James L., university of Pennsylvania, 18—, Vine Hill.
Simpson, LeRoy Johnston, Bellevue Hospital medical college, 1883, Autaugaville.

Moved into the county—Dr. LeRoy Johnston Simpson, formerly of Montgomery county, to Autaugaville.

There are no irregular practitioners in the county.

No deaths; no removals.

BALDWIN COUNTY MEDICAL SOCIETY—Anniston, 1886.

President—Origen S. Holmes, M. D., Tensaw.
Secretary—Edwin L. Marechal, M. D., Stockton.
President of the Board of Censors—Edwin L. Marechal, M. D., Stockton.
County Health Officer—Edwin L. Marechal, M. D., Stockton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Driesbach, Lee, Kentucky school of medicine, 1885, Mt. Pleasant.
Holmes, Origen Sibley, medical college of Alabama, 1861, Tensaw.
Marechal, Edwin Lesley, medical college of Alabama, 1870, Stockton.
Moore, Charles Lawrence, certificate of Monroe county board, 1872, Wilson.
Trammell, Joseph Dunlap, university of Nashville, 1857, Bay Minette.
Membership—5.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Lovelady, William Milton, certificate of Mobile county board, 1882, Theresa.

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IRREGULAR PRACTITIONERS IN THE COUNTY.

Gedachew, Julius, (Homeopathist) Dowty.
Slaughter, William Henry, system not given, Tensaw.

BARBOUR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—Simon A. Holt, M. D., Eufaula,
Secretary—Junius K. Battle, M. D., Eufaula.
President of the Board of Censors—Simon A. Holt, M. D., Eufaula.
County Health Officer— —— ———.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Battle, Junius Kinkaid, university of Louisiana, 1883, Eufaula.
Clarke, James Wesley, Kentucky school of medicine, 1878, Eufaula.
Copeland, William Preston, Bellevue Hospital medical college, 1870, Eufaula.
Davie, Judson, Georgia medical college, 1872, Cowikee.
Drewry, John Wallace, Jefferson medical college, 1849, Eufaula.
Goodwin, Albert, university of Louisville, 1873, Eufaula.
Holt, Simon Augustus, university of New York, 1858, Eufaula.
Johnston, Egbert Burr, Alabama medical college, 1883, Eufaula.
Martin, John Phillips, Bellevue Hospital medical college, 1883, Clayton.
Mitchell, William Augustus, university of Louisiana, 1868, Eufaula.
Patterson, Thomas, Atlanta medical college, 1869, Louisville.
Winn, Joseph Julius, Atlanta medical college, 18—, Clayton.
Membership—12.

HONORARY MEMBERS.

Bledsoe, Francis M., Jefferson medical college, 1859, Georgetown, Ga.
Heron, Edward M., medical college of South Carolina, 1832, Louisville.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Battle, Joseph Thomas, Georgia medical college, 1868, Hawkinsville.
Blair, Henry William, Atlanta medical college, 1880, Louisville.
Brannon, Henry Lee, Vanderbilt University, 1885, Eufaula.
Crews, James E., Georgia medical college, 1853, Clayton.
Faulk, Bingham, college not given, Elamville.
Moye, William R., National medical college, 1859, Clayton.
Prewett, James Henry, university of New York, 1868, Harris.
Turner, Alexander, medical college of South Carolina, 1857, White Oak.
Walden, William P., medical college of Alabama, 1882, Cotton Hill.
Weedon, Leslie, university of New York, 1884, Eufaula.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Reynolds, John Augustus, (Botanic) Ohio medical college, 1845, Pea River.

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Russell, William Arnold, (Eclectic) certificate of county board, 1882, Eufaula.

Drs. Henry W. Brannon, of Eufaula, graduate of Vanderbilt University, class of 1884, and Leslie Weedon, of Eufaula, graduate of the university of New York, class of 1884, passed successful examinations before the county board and were admitted to practice.

Dr. Benjamin Franklin Lee, of Clayton, graduate of the university of Alabama, class of 1884, passed an unsuccessful examination before the county board and was refused the certificate.

Removed from the county—Dr. Leslie Weedon, formerly of Eufaula, to Tampa, Florida; Dr. Benjamin F. Lee, formerly of Clayton, to Texas, post-office not given; Dr. Thomas Abner Johnston, formerly of Eufaula, to Florida, post-office not given.

Died—Egbert Beall Johnston, M. D., of Eufaula, graduate of the medical college of South Carolina, class of 1853, of paralysis, March 3, 1886; Warren Monroe, M. D., of Clayton, graduate of the university of Louisiana, class of 18—, of erysipelas, February 17, 1886.

BIBB COUNTY MEDICAL SOCIETY—Montgomery, 1875.

President—James W. Brand, M. D., Randolph.
Secretary—William C. Cross, M. D., Centreville.
President of the Board of Censors—James W. Brand, M. D., Randolph.
County Health Officer—William C. Cross, M. D., Centreville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Brand, James Walker, Virginia medical college, 1856, Randolph.
Cross, William Cyprian, Vanderbilt University, 1880, Centreville.
Dillard, Peter Hairston, medical college of Alabama, 1880, certificate Tuskaloosa county board, 18—, Scottsville.
Gage, Frederick Fannin, University of New York, 1876, Briarfield.
Nicholson, William John, Vanderbilt University, 1884, Centreville.
Randall, Hendrick Washington, Transylvania University, 1885, Brierfield.
Whitfield, Oscar, Nashville medical college, 1881, Briarfield.
Membership—7.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hill, Allen Green, certificate Tuskaloosa county board, 1883, Green Pond.
Monroe, Dana E., certificate Tuskaloosa county board (old law), 1849, Bibbville.
Owen, William, certificate Tuskaloosa county board, 1883, Green Pond.
Williams, James Melford, Georgia medical college, 1839, River Bend.
Wooley. Charles L., certificate county board, 18—, Randolph.

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IRREGULAR PRACTITIONERS IN THE COUNTY.

Jones, R. S., (eclectic), Randolph.

Moved into the county—Dr. Peter Hairston Dillard, graduate medical college, Alabama, class 1880, formerly of Cottondale, Tuskaloosa county, to Scottsville.

BLOUNT COUNTY MEDICAL SOCIETY.—Mobile, 1876.

President—Washington P. Parker, M. D., Blountsville.
Secretary—Milton H. Collins, M. D., Blountsville.
President of the Board of Censors—Floyd G. Donehoo, M. D., Murphree's Valley.
County Health Officer—Washington P. Parker, M. D., Blountsville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICERS.

Aldridge, Patrick G., Atlanta medical college, 1875, Brooksville.
Allgood, William Barnette, Southern medical college, 1881, Chepultepec.
Collins, Milton Homer, medical department University of Tennessee, 1884, Blountsville.
Davidson, Alvin Steel, certificate county board, 18—, Gurley's Creek.
Donehoo, Floyd G., Southern medical college, 1881, Murphree's Valley.
Estelle, Samuel Henderson, certificate Sumter county board, 1876 (old law), Blount Springs.
Haden, Andrew W., Vanderbilt University, 1882, Summit.
Hendrix, Joseph Francis, Southern medical college, 1883, Chepultepec.
Hudson, Frank N., University of Nashville, 1874, Blountsville.
Moore, David S., Atlanta medical college, 18—, Wynnville.
Moore, John A., College of Physicians and Surgeons, Baltimore, 1885, Wynnville.
Parker, Washington P., Georgia medical college, 18—, Blountsville.
Whaley, Lewis, Atlanta medical college, 1873, Blountsville.
Whaley, Peter, certificate county board, 1884, Bangor.
Willoughby, John Henchia, certificate county board, 1878, Arkadelphia.
Membership—15.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Robinson H. B., college not given, Blount Springs.

There are no irregular practitioners in the county.

Drs. John A. Moore, graduate of the college of Physicians and Surgeons, Baltimore, class of 1885, and George Bynum, graduate medical department of the University of Tennessee, class of 18—, passed successful examinations before the county board, and certificates awarded.

Applications preliminary to the study of medicine were granted Mr. Sidney P. Burnum, C. M. McDonald and J. H. Wilson.

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Removed from the county—Drs. Charles Drennen, formerly of Arkadelphia, to Birmingham, and William M. Finley, formerly of Village Springs, to Sidney, Marshall county.

No deaths.

BULLOCK COUNTY MEDICAL SOCIETY.

President—Robert H. Hayes, Union Springs.
Secretary—Charles H. Franklin, Union Springs.
President of the Board of Censors—Samuel M. Hogan, Union Springs.
County Health Officer—Charles H. Franklin, Union Springs.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bledsoe, Nathaniel Macon, University of Nashville, 1857, Union Springs.
Butt, Richard Lemuel, University of New York, 1846, Midway.
Caldwell, Groves, University of Pennsylvania, 1845, James' post-office.
Dismukes, Benjamin J., Georgia medical college, 1857, Mt. Hilliard.
Darnell, Benjamin F., certificate of county board, 1883, Inverness.
Fitzpatrick, Clement T., Memphis medical college, 1849, Fitzpatrick's Station, M. & E. Railroad.
Franklin, Charles Higgs, University of Louisiana, 1866, Union Springs.
Harris, William Stephens, University of New York, 1857, Dick's Creek, Macon county.
Hayes, Robert Hughes, St. Louis medical college, 1879, Union Springs.
Hogan, Samuel Mardis, University of Louisville, 1873, Union Springs.
Jernigan, Charles Henry, Jefferson medical college, 1855, Enon.
Jones, William Kenon, University of Pennsylvania, 1856, Union Springs.
Martin, John Elijah, Atlanta medical college, 1884, Brewton, Escambia county.
Mayes, William Aurelius, Georgia medical college, 1855, Midway.
Reynolds, James Henry, University of Nashville, 1854, Mt. Hilliard.
Reynolds, William A., medical college of Alabama, 1885, Mt. Hilliard.
Walker, William Austen, Jefferson medical college, 1854, Perote.
Watkins, Isaac LaFaytte, Bellevue Hospital medical college, 1878, Union Springs.
Zeigler, John Olin, one course student, Atlanta medical college, 1878, Perote.
Membership—19.

HONORARY MEMBER.

Dr. Newton P. Banks, University of Louisville, 1849, Columbus, Georgia.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Crymes, Augustin Clayton, Jefferson medical college, 1856, Midway.
Leitner, Charles B., college not given, Flora.
Rumph, James David, medical college of South Carolina, 1836, Perote.

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Swanson, William Schley, Atlanta medical college, 1857, James P. O.
Thomasson, William Bartlett, Georgia medical college, 1854, Aberfoil.
Williams, Frederick W., University of Pennsylvania, 1853, Fitzpatrick's Station, M. & E. Railroad.

Dr. William S. Reynolds, of Mt. Hilliard, graduate of the Alabama medical college, class of 1885, and Dr. A. E. Salley, graduate of the Georgia medical college, class of 1885, passed successful examinations before the county board and were admitted to practice.

Removed from the county—Dr. J. C. Smith, formerly of Macon county, to Brownsville, Alabama.

No deaths.

BUTLER COUNTY MEDICAL SOCIETY—Montgomery, 1875.

President—James Jordan McCane, M. D., Greenville.
Secretary—Joel Beder Kendrick, M. D., Greenville.
President of the Board of Censors—Curtis B. Herbert, M. D., Greenville.
County Health Officer—Job Thigpen, M. D., Greenville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allman, James E., Savannah medical college, 1869, Georgiana.
Broughton, John Thomas, University of Pennsylvania, 1852, Greenville.
Donald, J. G., university of Louisiana, 1854, Monterey.
Herbert, Curtis Burke, state board medical examiners, 1879, Greenville.
Kendrick, Joel Beder, medical college of Alabama, 1882, Greenville.
Kendrick, Joel Cloud, University of Nashville, 1852, Greenville.
Kendrick, William Tomlin, Atlanta medical college, 1876, Oakey Streak.
Knight, Comer John, New Orleans school of medicine, 1858, Monterey.
McCane, James Jordan, University of Louisiana, 1882, Glasgow.
McLendon, Lewis Marshall, medical college of Alabama, 1874, Georgiana.
Owens, Jared D., medical college of Alabama, 1879, Greenville.
Simmons, William Cleveland, certificate county board, 1878, Manningham.
Smith, Robert Edward, medical college of Alabama, 1882, Toluka.
Thigpen, Job, Georgia medical college, 1856, Greenville.
Wall, Conrad, University of Nashville, 1859, Forest Home.
Webb, Foster Cornelius, certificate county board, 1878, Greenville.
Webb, Owen Foster, medical college of Alabama, 1880, Greenville.
Wright, William Pendleton, certificate county board, 1879, Bolling.
Membership—18.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Harrison, Joseph, medical college South Carolina, 1852, Greenville.
Perdue, James Lewis, medical college of Alabama, 1875, Greenville.
Steiner, Samuel Jackson, Vanderbilt University, 1878, Greenville.
Stewart, Alexander H., University of Louisville, 1882, Greenville.

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IRREGULAR PRACTITIONERS IN THE COUNTY.

Garrett, J. J., (eclectic) Atlanta medical college, 1882, Monterey.

No examination of any kind was made by the board for the year.

Removed from the county—Drs. Harvey Edward Scott, formerly of Manningham to Florida, post-office not given; Dr. William Drayton Prior, University of Nashville, 1855, to Aiken, Crenshaw county.

Died—J. A. Baldwin, M. D., Georgiana, graduate of the Atlanta medical college, class of 1859. Disease not mentioned.

CALHOUN COUNTY MEDICAL SOCIETY—Montgomery, 1881.

President—John W. Pearce, M. D., Oxford.
Secretary—John C. LeGrand, M. D., Anniston.
President of the Board of Censors—J. W. Pearce, M. D., Oxford.
County Health Officer—John Y. Nisbet, M. D., Jacksonville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, Edmund Clack, Kentucky school of medicine, 1877, Anniston.
Ayers, Thomas William, college of Physicians and Surgeons, Baltimore, 18 —, Anniston.
Bullard, Aurelius Franklin, certificate county board, 1882, Oxford.
Brothers, Philip Houston, certificate county board (old law), 1841, Martin's Cross Roads.
Christian, McAns Thomas William, certificate county board, 1881, Oxford.
Crook, James M., college of Physicians and Surgeons, Baltimore, 1885, Jacksonville.
Davis, John Francis Marion, Atlanta medical college, 1860, Choccolocco.
Davis, Thomas Asbury, university of Louisville, 1851, Anniston.
Huger, Richard Proctor, medical college of South Carolina, 1871, Anniston.
Hughes, John Leander, Georgia medical college, 1851, Cross Plains.
Hill, Thomas C., medical college of South Carolina, 1860, Oxford.
Kinabrew, William Henry, university of New York, 1873, Cross Plains.
LeGrand, John Clark, Atlanta medical college, 1880, Anniston.
Nisbet, John Young, university of Louisville, 1854, Jacksonville.
Pearce, John Washington, Georgia medical college, 1852, Oxford.
Robertson, Thaddeus Lindley, Jefferson medical college, 1861, Oxford.
Sexton, Charles Richard, university of Louisiana, 1873, Anniston.
Walker, James Fleming, certificate county board, 1881, Weaver's.
Wikle, Jesse Lane, Georgia medical college, 1879, Anniston.
Membership—19.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Buckalew, Ansel Milbran, university of Louisville, 1870, DeArmanville.
Bowling, William Elsberry, certificate county board, 1881, Davisville.

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Baker, ———, college not given, White Plains.
Crook, James Edward, university of Nashville, 1883, Alexandria.
Evins, Benjamin Shumate, certificate county board, 1881, White Plains.
Francis, James Carrington, certificate of old board, 1839, Jacksonville.
Linder, Pleasant Phillips, certificate county board, 1881, Jacksonville.
Montgomery, Charles Henry, Washington University, Baltimore, 1868, Jacksonville.
McRay, ———, certificate of Cleburne county board, —, Ohatchee.
Teague, Robert G., certificate county board, 1883, Cross Plains.
Williamson, Thomas, certificate county board, 1881, Peak's Hill.
Williams, George Coke, certificate county board, 1881, White Plains.
Douthit, J. A., certificate county board, 1881, Alexandria.

Dr. Edmund Clack Anderson, graduate of the Kentucky school of medicine, class of 1877, and resident at Anniston, passed a successful examination before the county board and was admitted to practice.

Dr. Jordan W. Kennedy, of Cross Plains, made application to practice medicine in the county. He presented a diploma from the medical college of South Carolina, bearing date 1853-4. But, upon thorough examination was refused certificate to practice medicine, but was licensed to sell and compound drugs.

Alonzo J. Cason was, on application, licensed to sell and compound drugs in the town of Anniston.

Removed from the county—Drs. Henry Mabbit, graduate of the Savannah medical college, class of 1876, formerly a resident of Anniston, to Quitman, Brooks county, Georgia; William Pace Kelley, graduate of the Atlanta medical college, class of 1882, and formerly a resident of Oxford, to Childersburg, Talladega county; Benjamin Dudley Williams, graduate of the medical department of the university of Louisiana, class of 1881, formerly a resident of Oxford, to Utah Territory; Andrew Jackson Crow, graduate of Washington University, class of 1869, and formerly resident at Jacksonville, to Texas, post-office unknown.

No deaths.

CHAMBERS COUNTY MEDICAL SOCIETY—Montgomery, 1881.

President—Benjamin F. Rea, M. D.. La Fayette.
Secretary—William B. Trent, M. D., La Fayette.
President of the Board of Censors—Benjamin F. Rea, M. D., La-Fayette.
County Health Officer—William B. Trent, M. D., La Fayette.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Beasley, James Albert, Atlanta medical college, 1872, West Point.
Bruce, Hillary Sanford, Atlanta medical college, 1882, Waverly.
Foster, Benjamin Jesse, Georgia medical college, 1870, Lystra.

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Frederick, Albert Henry Roland, university of New York, 1856, La Fayette.
Grady, Zachery Taylor, Atlanta medical college, 1876, Fredonia.
Griggs, Asa Wesley, Nashville medical college, 1855, West Point.
Palmer, Jesse Gary, college of Physicians and Surgeons, Baltimore, 1884, Oak Bowery.
Rea, Benjamin Franklin, Jefferson medical college, 1842, La Fayette.
Rutland, John Blake, Southern medical college, 1880, Fredonia.
Trent, William Bailey, Louisville medical college, 1876, La Fayette.
Membership—10.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bonner, Thomas F., Atlanta medical college, 1884, Hickory Flat, Ga.
Carmichael, Lawson Green, Graffenburg Institute, 18--, Hickory Flat.
Cooper, John William, medical college of South Carolina, 1845, West Point.
Davis, James Lawson, medical college of Alabama, 1884, La Fayette.
De Vaughn, John Wesley, Vanderbilt University, 1883, Mill Town.
Hamner, Lovick Pierce, certificate of Randolph county board, 1882, Bloomingdale.
Johnson, Howard H., certificate of Tallapoosa county board, 1881, Mill Town.
Kirby, Charles Windham, Southern medical college, 1884, Cusseta.
Perry, Charles Franklin, Atlanta medical college, 1878, La Fayette.
Pinkston, James Preston, Graffenburg Institute, 1857, Sharon.
Smith, Lawrence, Georgia medical college, 1854, Cusseta.
Trammell, William Monroe, university of Kentucky, 1847, Louisville,
Tyson, William Watson, Georgia medical college, 1854, Fredonia.

The roll of officers and members here given is that of 1885. The society had one delegate to represent it at the Anniston session, but no report was received from it.

CHILTON COUNTY MEDICAL SOCIETY—Selma, 1879.

President—John A. McNeil, M. D., Jemison.
Secretary—Joseph P. Givhan, M. D., Strasburg.
President of the Board of Censors—William E. Stewart, M. D., Clanton.
County Health Officer—Samuel T. Williamson, M. D., Verbena.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bivings, Albert E., medical college of South Carolina, 1875, Clanton.
Callier, Thomas Eugenius, university of Pennsylvania, 1857, Callierville.
Dawson, James J., licensed under the old law, 1856, Clear Creek.
Givhan, Joseph Phillip, Alabama medical college, 1873, Strasburg.
Johnson, Joseph Samuel, Sr., Georgia medical college, 1859, Maplesville.

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Johnson, Joseph Samuel, Jr., Baltimore medical college, 1876, Clanton.
McNeil, John Archibald, medical college of Vermont, 1853, Jemison.
Pitts, John Spate, university of Tennessee, 1868, Verbena.
Stewart, William Eugene, university of Louisville, 1875, Clanton.
Williamson, Samuel T., medical college of South Carolina, 1858, Verbena.
Wise, John F., Graffenburg medical college, 1835, Cooper's.
Membership—11.

Removed from the county—Dr. John P. Robinson, formerly of Clanton, graduate of Jefferson medical college, class of 1856, to Birmingham, Jefferson county; Dr. Isaac Dickson Lanier, graduate of Jefferson medical college, class of 1856, and formerly resident at Clanton, to Calera, Shelby county; Dr. Francis M. Duke, graduate of the university of Tennessee, class of 1871, and formerly resident at Clear Creek, to Tennessee, post-office unknown.

There are no irregular practitioners in the county; no regular physicians not members of the society; no examinations; no deaths.

The investigation ordered by the Board of Censors at the Greenville session of 1885, was dismissed by like authority at the Anniston session of 1886.

CHOCTAW COUNTY MEDICAL SOCIETY—Selma, 1879.

President—Mathew Turner, M. D., Bladen Springs.
Secretary—William C. Forster, M. D., Mt. Sterling.
President of the Board of Censors—Richard B. Carr, M. D., Pushmataha,
County Health Officer—Richard B. Carr, M. D., Pushmataha.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Brown, C. B., Nashville medical college, 1880, Kaiser Hill.
Carr, Robert Bryan, University of Louisiana, 1882, Pushmataha.
Clarke, Ferdinand, college not given, 18—, Pelham.
Coleman, Robert Henry, Jefferson medical college, 1852, Isney.
Forster, William Condie, University of Louisville, 1882, Mt. Sterling.
Gaines, Vivian Pendleton, medical college of Alabama, 1872, and college of Physicians and Surgeons, Baltimore, 1873, Mt. Sterling.
Gilmer, Abram Bessent, medical college of Alabama, 1872, Butler.
Horne, William R., University of Louisiana, 18—, Pelham.
Johnson, Samuel F., certificate county board, 1878, Butler.
Kimbrough, William Floyd, medical college of Alabama, 1883, Bladen Springs.
McCall, Daniel, Atlanta medical college, 1859, certificate county board, 1878, DeSotoville,
McNeely, John Newton, University of Louisiana, 1857, Tompkinsville.
Moody, Robert F., University Louisiana, 18—, Butler.
Turner, Mathew, University of Pennsylvania, 18—, Bladen Springs.
Membership—14.

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HONORARY MEMBERS.

Forster, James George, university of Louisiana, 1866, Livingston, Sumter county.
Harris, Alex. P., university of Louisiana, 18—, Pushmataha.
Hannon, Robert H., university of Louisiana, 18—, ———.
Johnson, William Wesley, medical college of Alabama, 1872, Nicholson's Store.
Lenoir, J. L., medical college of Alabama, 18—, St. Stephens, Washington county.
O'Hara, James Henry, university of Louisiana, 18—, Grand View, Texas.

The roll of officers and members here given is that of 1885. This society had no representation at the Greenville session, but sent up both report and dues two months after adjournment. It is here inserted, with former errors and omissions, as neither report nor dues have been received from it for this year.

CLARKE COUNTY MEDICAL SOCIETY--Greenville, 1885.

President—Benjamin S. Barnes, M. D., Suggsville.
Secretary—John W. Fleming, M. D., Grove Hill.
President of the Board of Censors—Benjamin S. Barnes, M. D. Suggsville.
County Health Officer—Benjamin S. Barnes, M. D., Suggsville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Burwell Middleton, medical department university of Louisiana, 1858, Coffeeville.
Armistead, James Westwood, medical college of Alabama, 1883, Grove Hill.
Barnes, Benjamin Shields, Jefferson medical college, 1860, Suggsville.
Burroughs, Bryan, Louisville medical college, 1870, Vashti.
Bush, Boaz Whitfield, medical college of South Carolina, 1872, Gainestown.
Davis, Henry Gaines, medical college of Alabama, 1872, Gainestown.
Files, George Washington, university of Louisiana, 1850, Gosport.
Fleming, John William, medical college of Alabama, 1879, Grove Hill.
Harwood, Thomas Brodnax, university of Louisiana, 1860, Tallahatta Springs.
Hicks, Lamartine Orlando, medical college of Alabama, 1873, Jackson.
Jones, Green Ervin, Atlanta medical college, 1882, Coffeeville.
Prim, Thomas Jefferson, college not given, Salipa.
Savage, Thomas Bradford, Louisville medical college, 1849, Jackson.
Webb, Sidney Vaughn, medical college of New York, and Jefferson medical college, 1858, Coffeeville.

Membership—14.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Davis, James Madison, medical department university of Louisiana, 1861, Choctaw Corner.
Durden Henry Jefferson, medical college of South Carolina, 1882, Choctaw Corner.

There are no irregular practitioners in the county.

The roll of officers and members here given is that of last year, 1885. This society sent in its report and paid its dues, but the report being imperfect it was sent back for correction, but up to going to press, it has not been returned.—SECRETARY.

CLEBURNE COUNTY MEDICAL SOCIETY—Selma, 1884.

President—Orlando W. Sheppard, M. D., Edwardsville.
Secretary—Winston C. Wood, M. D., Arbacoochee.
President of the Board of Censors—Wilson M. Ligon, M. D., Oakfuskee.
County Health Officer—Wm. A. Neal, M. D., Heflin.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Hurst, James Polk, certificate county board, 1883, Edwardsville.
Ligon, Arthur Wellington, Vanderbilt University, 1884, Chulafinnee.
Ligon, Wilson Melton, Georgia medical college, 1853, Oakfuskee.
Neil, William Alexander, Georgia medical college, 1881, Heflin.
Pounds, Wm. Lafayette, certificate county board, 1884, Cicero.
Sheppard, Orlando Waters, Graffenberg Institute, 1856, Edwardsville.
Wood, Winston Cass, Atlanta medical college, 1881, Arbacoochee.
Membership—7.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hobgood, S. B. Atlanta medical college, 18—, Bowden, Georgia.
Houston, James P., certificate county board, 1884, Edwardsville.
Hudgins, N. E., certificate county board, 1884, Edwardsville.
Martin, Hix, certificate county board, 1885, Heflin.
Martin, Thomas Hix, certificate county board, 1884, Arbacoochee.
Reid, Reese T., certificate county board, 1884, Wee Bee.
Roberts, D. T., certificate county board, 1884, Oak Level.
Sorrell, John Wesley, certificate county board, 1884, Chulafinnee.

Removed from the county—Drs. Erastus Taylor Camp, formerly of Edwardsville, to Eason Hill, Georgia; Francis Marion McRae, formerly of Heflin to Calhoun county, Alabama.

IRREGULAR PRACTITIONERS IN THE COUNTY.

James Martin, Muscadine.
Martin Heflin, post-office not given.

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Certificate *pro forma* was granted Dr. Martin Heflin, and certificate issued to Mr. Hyram A. Wood, of Heflin, to sell and compound drugs.

No examinations for the practice of medicine, nor applications preliminary to the study of medicine ; no deaths.

COFFEE COUNTY MEDICAL SOCIETY--Greenville, 1875.

President—John G. Moore, M. D., Elba.
Secretary—William H. Chapman, M. D., Elba.
President of the Board of Censors—F. M. Rushing, M. D., Elba.
County Health Officer—Jno. G. Moore, M. D., Elba.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Blue, Josephus Dickson, certificate county board, 1885, Elba.
Chapman, William Hickerson, medical college of Alabama, 1873, Elba.
Crook, William Henry, medical college of Alabama, 1884, Victoria.
Garrett, John Wilkinson, Louisville medical college, 1881, Clintonville.
Hill, Benjamin Augustus, Graffenburg Institute, 1857 ; Virginia medical college, Richmond, 1860, Elba.
Moore, John Gordon, medical college South Carolina, 1845 ; Atlanta medical college, 1871, Elba.
Rushing, Francis Marion, New Orleans medical college, 1861, Elba.
Steed, John Garrett, Nashville medical college, 1856, Haw Ridge.

Membership—8.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Flemming, J. T., certificate county board, 1885, Haw Ridge.
Smart, William A., certificate county board, 1885, Spring Hill, Pike county.
Wilson, William A., Georgia medical college, 18—, Elizabeth.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Joel Adams, system not given, Damascus.
John Carter, system not given, Damascus.
William A. Cowart, system not given, Damascus.
Thomas Patrick, system not given, Elba.
John D. Parkman, system not given, Treadville.
Ethel Tucker, system not given, Victoria.

Mr. R. F. Harper, of Elba, passed a successful examination before the county board preliminary to the study of medicine.

No removals into or from the county ; no deaths.

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COLBERT COUNTY MEDICAL SOCIETY—Montgomery, 1881.

President—James H. Houston, M. D., Dickson.
Secretary—Samuel J. Cooper, M. D., Tuscumbia.
President of the Board of Censors—Edward P. Rand, M. D., Tuscumbia.
County Health Officer—Charles W. Williams, M. D., Allsborough.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Cooper, Samuel Johnston, Memphis medical college, 1872, Tuscumbia.
Houston, James M., Jefferson medical college, 1851, Dickson.
Jones, Emmet Lee, medical college of Alabama, 1886, Pride's Station.
Langhorn, William Henry, university of Pennsylvania, 1883, Sheffield.
McWhorter, George T., certificate county board, 1881, Chickasaw.
Orr, John A., Louisville medical college, 1877, Cherokee.
Pride, Joseph Peebles, university of New York, 1855, Pride's Station.
Rand, Edward P., university of Louisiana, 1872, Tuscumbia.
Rand, Edgar, medical college of Alabama, 1879, Leighton.
Walker, David Harris, Vanderbilt University, 1882, Spring Valley.
Wheeler, William Camp, university of Nashville, 1862, Cherokee.
Williams, Charles Washington, university of Nashville, 1873, Allsborough.
Membership—11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abernathy, Robert T., university of New York, 1849, Tuscumbia.
Newsome, Benjamin Franklin, Louisville medical institute, 1840, Tuscumbia.

IRREGULAR PRACTITIONERS IN THE COUNTY.

McCleskey, system not given, Cherokee.

This society has not sent in its report for 1886. The roll of officers and members here given is that of last year.

CONECUH COUNTY MEDICAL SOCIETY—Selma, 1879.

President—Andrew Jay, M. D., Evergreen.
Secretary—Adam A. McKittrick, M. D., Evergreen.
President of the Board of Censors—Adam A. McKittrick, M. D., Evergreen.
County Health Officer—Adam A. McKittrick, M. D., Evergreen.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Feagin, Aaron Pinson, Atlanta medical college, 1860, Brooklyn.
Fountain, Hugh Thomas, medical college of Alabama, 1872, Burnt Corn.
Jay, Andrew, medical college of Alabama, 1872, Evergreen.

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McKittrick, Adam Alexander, Georgia medical college, 1860, Evergreen.
Sewall, Francis Louis, medical college of Alabama, 1873, Belleville.
Shaver, William Benjamin, Georgia Reform medical college, Atlanta, 1884, Herbert.
Taliaferro, Charles Thomas, Atlanta medical college, 1859, Evergreen.
Membership—7.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Avery. John Dorsey, Columbus, Ohio, 1856, Evergreen.
Bradley, Ely, Jefferson medical college, 1858, Belleville.
Bruner, Pinckney McDonald, medical college of Alabama, 1861, Evergreen.
Grissitt, William J., medical college of Alabama, 1872, Sepulga.
McCrary, John Absalom, university of Louisville, 1860, Evergreen.

Moved into the county—Dr. Pinckney McDonald Bruner, formerly resident at Bragg's Store, Lowndes county, to Evergreen.

Removed from the county—Dr. William C. Shaw, formerly of Evergreen, to Texas.

Dr. Gross Scruggs Chapman, graduate of the medical college of Alabama, class of 1879, formerly resident at Evergreen, to Jackson, Clarke county.

Died—John L. Shaw, M. D., graduate of the university of Louisville, class of 1840, resident at Belleville, of intestinal obstruction, October, 1885.

COOSA COUNTY MEDICAL SOCIETY—Birmingham, 1883.

President—John B. Kelley, M. D., Kelleyton.
Secretary—William T. Hamilton, M. D., Nixburgh.
President of the Board of Censors—John B. Kelley, M. D., Kelleyton.
County Health Officer—Julius Jones, M. D., Rockford.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bailey, William J., certificate county board, 1883, Equality.
Crowson, Richard J., Vanderbilt University, 18—, Weogufka.
Coker, J. J., certificate county board, 1883, Rockford.
Goggans, James, P., licensed under old law, Nixburgh.
Hamilton, William T., medical college of Alabama, 1880, Nixburgh.
Jowers, James F., Atlanta medical college, 1885, Nixburgh.
Jones, Julius, Vanderbilt University, 1884, Rockford.
Kelley, John B., Jefferson medical college, 1859, Kelleyton.
Mathews, John T., university of Louisiana, 1883, Mount Olive.
Moon, William H., medical college of Alabama, 1882, Goodwater.
Peddy, William J., certificate of county board, 1883, Rockford.
Simpson, John L., Atlanta medical college, 1881, Goodwater.
Simms, Benjamin B., Jefferson medical college, 1885, Gaunt.
Membership—13.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dollar, Henry C., medical college of Atlanta, 18—, Marble Valley.
Goggans, Philip P., university of New York, 1877, Sykes' Mills.
Parker, Lewis B., certificate of county board, 1884, Traveler's Rest.
Pioda, John C., certificate county board. 1885, Goodwater.
Maxwell, William M., Jefferson medical college, 1885, Kelleyton.
Pope, Chandler M., Jefferson medical college, 1857, Goodwater.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Parker, Elias, (Botanic) non-licensed, ———.
Satter, Preston B., (Botanic) non-licensed, ———.

Drs. Benjamin B. Simms, graduate of Jefferson medical college, class of 1885, resident of Gantt, and William M. Maxwell, graduate of Jefferson medical college, class of 1885, resident at Kelleyton, passed successful examinations before the county board and were admitted to practice.

There were no removals from or into the county.

CRENSHAW COUNTY MEDICAL SOCIETY—Mobile, 1882.

President—Samuel M. May, M. D., Bullock.
Secretary William T. Burgamy, M. D., Rutledge.
President of the Board of Censors—James E. Kendrick, M. D., Leon.
County Health Officer—James E. Kendrick, M. D., Leon.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Albritton, George Allen, Louisville medical college, 1872, New Providence.
Burgamy, William Thomas, Atlanta medical college, 1859, Rutledge.
Johnson, Edmund Harris, Washington University, Baltimore, 1869, Rutledge.
Kendrick, James Evans, medical college of Alabama, 1869, Leon.
May, Samuel M., college of Physicians and Surgeons, N. Y., 1882, Bullock.
Jones, Andrew Jackson, Kentucky school of medicine, 1885, Argus.
Quillion, Thomas L., certificate county board, 1884, Honoraville.
Street, William N., certificate county board, 1884, Saville.
Tankersley, Felix Marcus Tullus, university of Tennessee, 1885, Argus.
Thrower, Stephen S., certificate county board, 1884, Arcadia.
Membership—10.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Prior, William Drayton, university of Nashville, 1855, Aiken.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Horne, Richard, college not given, 18—, New Providence.
Moxley, Daniel N., college not given, 18—, New Providence.

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Doctors Andrew J. Jones, of Argus, graduate of the Kentucky school of medicine, class of 1885, and F. M. T. Tankersley, of Argus, graduate of the university of Tennessee, class of 1885, passed successful examinations before the county board and were admitted to practice.

Removed from the county—Dr. James P. Richardson, graduate of the medical college of South Carolina, class of 1867, and formerly resident at Honoraville, to Arcadia, Montgomery county; Dr. Nathan H. McCrummin, graduate of Vanderbilt University, class of 1884, and formerly resident at Rutledge, to Dublin, Montgomery county.

There have been no examinations nor applications preliminary to the study of medicine.

Died—N. B. Barnett, M. D., of Argus, graduate of the Atlanta medical college, class of 1886, of alcoholism.

CULLMAN COUNTY MEDICAL SOCIETY.

President—Robert T. Searcy, M. D., Cullman.
Secretary—Emil Henckell, M. D., Cullman.
President of the Board of Censors—Robert T. Searcy, M. D., Cullman.
County Health Officer-- —— ———.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Harwell, James T., Southern medical college, 1883, Cullman.
Henckell, Emil, university of Syracuse, 1881, Cullman.
Searcy, Robert T., Nashville medical college, 1853, Cullman.
Steifelmeyer, James W., university of Tubingen, Germany, 1849, and university of Toronto, Canada, 1864, Cullman.
Weiss, Aldo, university of Breslau, Prussia, 1852, Cullman.
Membership—5.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Giager, ——, college not given, ———.
Halloway, Young E., college not given, ———.
Martin, William H., college not given, ———.

This society received its charter at the Anniston session. Hence the incompleteness of its report.

DALLAS COUNTY MEDICAL SOCIETY—Selma, 1874.

President—Clifford D. Parke, M. D., Selma.
Secretary—Goldsby King, M. D., Selma.
President of the Board of Censors—Benjamin H. Riggs, M. D., Selma.
County Health Officer—James M. Donald, M. D., Harrell's.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Adams, Benjamin Clarence, medical college of Alabama, 1872, Martin's.
Alston, Lemuel Lovatt, medical college of South Carolina, 1857, Orrville.
Clark, Courtney James, Jefferson medical college, 1844, Selma.
Clarke, Richard, university of Pennsylvania, 1835, Selma.
Cochran, Robert McRillus, medical college of Virginia, 1867, Martin's.
Donald, Joseph Marion, university of Louisiana, 1854, Harrell's.
Donald, James Marion, medical college of Alabama, 1883, Harrell's.
DuBose, F. D., medical college of South Carolina, 18—, Orrville.
Furniss, John Perkins, New Orleans school of medicine, 1855, Selma.
Gee, James Thomas, Jefferson medical college, 1843, Burnsville.
Groves, Joseph Asbury, medical college of South Carolina, 1854, Brown's.
Hardy, William Robinson, medical college of South Carolina, 1861, Pleasant Hill.
Hudson, Herbert Sidney, university of Maryland, 1867, Summerfield.
Jackson, Robert Dandridge, medical college of South Carolina, 1851, Summerfield.
Kendall, William Q., college of Physicians and Surgeons, Baltimore, 1880, Berlin.
King, Goldsby, medical college of South Carolina, 1880, Selma.
Kyser, George Washington, medical college of Virginia, 1865, Richmond.
McKinnon, John Alexander, university of Louisiana, 1857, Selma.
McKinnon, Kennith, university of Louisville, 1852, Pleasant Hill.
Moseley, Elijah Bucklee, university of Louisiana, 1857, Orrville.
Moore, Clement Billingslea, medical college of South Carolina, 1839, Summerfield.
Parke, Clifford Daniel, Jefferson medical college, 1850, Selma.
Phillips, William Crawford, university of Louisiana, 1873, Selma.
Riggs, Benjamin Hogan, university of Pennsylvania, 1859, Selma.
Tipton, Frank, university of Louisiana, 1870, Selma.
West, Jett Thomas, university of Virginia, 18—, Selma.
Williamson, John Hancock, Jefferson medical college, 1859, Richmond.
Wilson, Isham Griffin, university of Louisiana, 1869, Selma.
Membership—28.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allison, Joseph Dill, medical college of South Carolina, 1850, Carlowville.
Boykin, James O., Transylvania University, 1843, Tilden.
Blevins, John R., university of Louisiana, 1857, Marion Junction.
Hall, J. J., university of Louisiana, 1869, Orrville.
Lockwood, Frank Octavius, medical college of South Carolina, 1854, Minter.
Mills, James Barnwell, certificate of Perry county board, 1878, Hazen.
Mixon, William, university of Louisiana, 1848, Plantersville.
Stewart, William C., medical college of South Carolina, 1858, Soap Stone.
Weisinger, John, university of Louisiana, 1876, Talmadge.
Strong, A. L., (col.) Harvard college, 1885, Selma.

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IRREGULAR PRACTITIONERS IN THE COUNTY.

Graddick, J. N., Transylvania University, 1845, Selma.

Removed from the county—Dr. W. H. Johnston, formerly of Selma, graduate of the university of New York, class of 1867, to Birmingham, Jefferson county.

Dr. A. L. Strong (col.) was examined and granted a certificate to practice by a majority of the Board of Censors.

Mr. Mims W. Coleman passed a successful examination preliminary to the study of medicine, and was granted a certificate.

Mr. Smith was examined by the board as required in the case of druggists and granted a certificate. He is now in the drug business at Selma.

Note by the Secretary—Dr. Clifford Daniel Parke, of Selma, has died since this report was received.

DEKALB COUNTY MEDICAL SOCIETY—Greenville, 1885.

President—William E. Quin, M. D., Fort Payne.
Secretary—Horace P. McWhorter, M. D., Collinsville.
President of the Board of Censors—William E. Quinn, M. D., Fort Payne.
County Health Officer—Edward P. Nicholson, M. D., Valley Head.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Cain, Richard Winn, university of Nashville, 1859, Collinsville.
Holiday, Abner Larke, Georgia medical college, 1859, Sand Mountain.
Johnson, John Kemper, Vanderbilt University, 1854, Fort Payne.
McClain, M. D., certificate county board, 1885, South Hill.
McWhorter, Horace Puckett, Vanderbilt University, 1881, Collinsville.
Miller, James Taylor, Vanderbilt University, 1878, Collinsville.
Nicholson, Edward Pierson, university of Nashville, 1861, Valley Head.
Quin, William Everett, Kentucky school of medicine, 1881, South Hill.
Membership—8.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ellwood, William S., non-graduate, South Hill.
Green, Anthony Bailey, Transylvania University, 1846, Ft. Payne.
Green, William Martin, Vanderbilt University, 1877, Ft. Payne.
Johnson, James R., Atlanta medical college, 18—, Lebanon.
McGuffey, W. C. H., non-graduate, Smith, Georgia.
McLeon, ——— non-graduate, Ten Broeck.
Patterson, J. J., non-graduate, Lott, Marshall county.
Roden, William, non-graduate, Sand Mountain.
Sibert, David E., non-graduate, South Hill.

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Vann, Andrew Jackson, Georgia medical college, 1854, Collinsville.
Wilburn, ——— non-graduate, Sand Mountain.
Winston, John Nelson, university Louisville, 1866, Valley Head.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Bailey, Andrew H., system unknown, Musgrove.
Killian, Henry, system unknown, Brandon.
Lane, George Washington, system unknown, Pea Ridge.
Patty, Robert J., system unknown, Crumly.
Ward, William J., (botanic), Portersville.

Dr. Charles Powers, eclectic, graduate of the Cincinnati medical college, resident at Cordell, passed an unsuccessful examination before the county board, and was refused certificate.

Removed from the county—Dr. John Edward Purdon, graduate of the University of Dublin, Ireland, 1863, and formerly residing at Valley Head, to Memphis, Tennessee. Dr. Green Taylor Bruce, graduate of Vanderbilt University, class of 1884, formerly of Ft. Payne, to Texas.

Mr. Andrew B. Small, of Valley Head, passed a successful examination preliminary to the commencement of the study of medicine.

No deaths.

ELMORE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—Meriwether G. Moore, M. D., Wetumpka.
Secretary—Phillips Fitzpatrick, M. D., Wetumpka.
President of the Board of Censors—Allen S. Warren, M. D., Kowaliga.
County Health Officer—John James Hunter, M. D., Wetumpka.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Avant, John Alonzo, Atlanta medical college, 1885, Buyck's
Buckett, William F., Atlanta medical college, 1856, Sykes' Mill.
Fielder, Martin Lucius, medical college of Ohio, 1857; Georgia medical college, 1859, Eclectic.
Fitzpatrick, Phillips, University of Louisiana, 1853, Wetumpka.
Humphries, Simon Oceola, Jefferson medical college, 1885, Deetsville.
Hunter, John James, medical college of Alabama, 1881, Wetumpka.
Justice, Oscar Settle, medical college of Alabama, 1885, Central Institute.
Lett, Harris T., Louisville medical college, 18—, Good Hope.
Moore, Meriweather Gaines, University of Pennsylvania, 1846, Wetumpka.
Patterson, Daniel Smith, medical college of South Carolina, 1861, Central Institute.
Rushin, James Knox, University of New York, 1855, Tallassee.
Rushin, James Thomas, University of Tennessee, 1883, Tallassee.
Warren, Allen Love, Jefferson medical college, 1883, Kowaliga.
Warren, William A., medical college of Alabama, 1885, Kowaliga.

Membership—14.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Briggs, Ritchie Jones, college of Physicians and Surgeons, Baltimore, 1883, Robinson Springs.
Hall, Thomas Dixon, University of Pennsylvania, 1852, Robinson Springs.
Huddleston, William Allen, Atlanta medical college, 1880, Buyck's.
Lamar, James D., Georgia medical college, 1851, Deetsville.
Powell, Marion W., Atlanta medical college, 18—, Channahatchee.
Robinson, E. Hunt, Memphis medical college, 18—, Robinson Springs.
Sewell, N. D., Vanderbilt university, 1886, Sykes' Mill.
Smith, James Clark, Atlanta medical college, 1885, Good Hope.
Sorrell, Green Washington, certificate of Tallapoosa county board, 18—, Kowaliga.
Sorrell, William Marion, Jefferson medical college, 1866, certificate of Tallapoosa county medical board, 1882, Kowaliga.

Removed from the county—Dr. George Calvin Norris, graduate medical college of Alabama, to Wadsworth, Autauga county; Dr. Archibald Graham Campbell, certificate of Elmore county board, 1884, to Verbena, Chilton county; Dr. Ranney Malay, of Deetsville, to Mississippi, post-office not known.

Moved into the county—Dr. John James Hunter, formerly of Calera, Shelby county, to Wetumpka.

Dr. Oscar Settle Justice, graduate of the medical college of Alabama, class of 1885, passed a successful examination before the county board, and was admitted to practice.

Dr. Gray, initials, residence and college of graduation not given, passed an unsuccessful examination before the county board, and certificate refused.

Certificate, *pro forma*, was issued to Dr. William T. Buckett, of Sykes' Mill.

No deaths.

ESCAMBIA COUNTY MEDICAL SOCIETY—Anniston, 1886.

President—J. T. B. Foard, M. D., Pollard.
Secretary—John E. Martin, M. D., Brewton.
President of the Board of Censors—Robert Wiley Farish, M. D., Brewton.
County Health Officer—H. H. Malone, M. D., Brewton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Farish, Robert Wiley, Memphis medical college, 1859, Brewton.
Foard, J. T. B., college not given, 18—, Pollard.
Malone, Henry Holcombe, University of New York, 1860, Brewton.
Martin, John Elijah, medical college of Alabama, 1873, Brewton.
Wilkinson, James Anthony, Louisville medical college, 1879, Flomaton.

Membership—5.

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ETOWAH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—Joseph Bevans, M. D., Gadsden.
Secretary—Milton R. Wright, M. D., Gadsden.
President of the Board of Censors—Milton R. Wright, M. D., Gadsden.
County Health Officer—Joseph Bevans, M. D., Gadsden.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Baker, Daniel Harris, Vanderbilt University, 1881, Gadsden.
Bevans, Joseph, certificate county board, 1878, Gadsden.
Bevans, Edward Gaudy, Alabama medical college, 1880, Gadsden.
Ewing, Whitney Thomas, university of St. Louis, 1849, Gadsden.
Garlington, William Henry, medical college of South Carolina, 1856, Walnut Grove.
Liddell, John Benson, Atlanta medical college, 1882, Gadsden.
Landers, Frank Pierce, Atlanta medical college, 1883, Hokes' Bluff.
Ralls, John Perkins, Georgia medical college, 1844, Gadsden.
Sibert, Jefferson Davis, Vanderbilt University, 1881, Greenwood.
Wright, Milton Roil, medical college of Alabama, 1873, Gadsden.
Membership—10.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baskins, Walter Colquitt, Reform medical college, 1859, Coats' Bend.
Dowdy, Edgar Lee, Vanderbilt University, 1876, Greenwood.
Dozier, Marshall Elias, Atlanta medical college, 1861, Attalla.
Edwards, Thomas, Cincinnati medical college, 1840, Attalla.
Edwards, Wm. Sterling, medical college of Kentucky, 1885, Attalla.
Lester, Joseph Henry, Atlanta medical college, 1858, Attalla.
Liddell, Frank Appling, Southern medical college, 1882, Aurora.
Stephens, Isaac Marion, Vanderbilt University, 1881, Attalla.
Teague, Thomas Bowden, University of Tennessee, 1880, Oak Hill.
Wood, Josph Harden, Vanderbilt University, 1881, Attalla.

Dr. William L. Funderberg, of Walnut Grove, now at Albertville, in Marshall county, a graduate of the Southern medical college of Atlanta, class of 1882, passed an unsuccessful examination before the county board, and was rejected.

Dr. Wm. Sterling Edwards, of Attalla, graduate of the Kentucky school of medicine, class of 1885, passed a successful examination before the county board of examiners, and was granted a certificate to practice medicine.

Removed from the county—Dr. William L. Funderberg, formerly of Walnut Grove, Etowah county, to Albertville, Marshall county.

There are no irregular practitioners in the county.

No deaths.

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FAYETTE COUNTY MEDICAL SOCIETY—Selma, 1884.

President—Thomas B. Woods, M. D., Wayside.
Secretary—Thomas C. Morton, M. D., Fayette Court House.
President of the Board of Censors—George J. Collins, M. D., Pilgrim's Rest.
County Health Officer—Alexander W. Agnew, M. D., Fayette Court House.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, Alexander W., Transylvania University, 1844, Fayette Court House.
Collins, George Jackson, medical college of Alabama, 1874, Pilgrim's Rest.
Harris, Erastus G., New Orleans medical college, 1845, Fayette Court House.
Hollis, James S., medical college of Alabama, 1884, Brockton.
Hocut, Lucius T., Atlanta medical college, 1882, Davis' Creek.
Jones, William M., certificate Tuskaloosa county board, 1868, Newtonville.
Miller, Virgil M., Vanderbilt University, 1879, Julien.
Morton, Hartwell F., certificate Lamar county board, 1880, Willingham.
Morton, Thomas Clarke, certificata county board, 18—, Fayette Court House.
Ponder, Abram Virgil, St. Louis medical college, 1880, Fayette Court House.
Shelton, Henry, certificate Tuskaloosa county board, 1848, Fayette Court House.
Woods, Robert Wilson, Louisville medical college, 1879, Willingham.
Woods, Thomas B., Louisville medical college, 1878, Wayside.
Membership—13.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Newton, Alexander K., system not given, Fayette Court House.

Removed from the county—Dr. James M. Pasteur, graduate of the university of Pennsylvania, class of 1849, formerly of Fayette Court House, to Day's Gap, Walker county; Dr. William A. Hollis, formerly of Fayette Court House, post-office not given.

Died—William Rufus Willingham, M. D., graduate of the university of Tennessee, class of 1860, residence at Willingham.

The following named physicians were omitted in the report of the secretary of Fayette county society, and are here inserted without classification: Julius Western Linn, M. D., medical college of Georgia, 1859, and Dr. J. H. Law, New River.

GREENE COUNTY MEDICAL SOCIETY—Selma, 1879.

President—Robert Taylor Byrd, M. D., Boligee.
Secretary—Shelby Chadwick Carson, M. D., Burton's Hill.
President of the Board of Censors—Thomas James Turpin, M. D., Eutaw.
County Health Officer— ————————

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barclay, James Paxton, university of New York, 1871, Eutaw.
Byrd, Robert Taylor, university of New York, 1869, Eutaw.
Carson, Shelby Chadwick, certificate of Greene county board, 1880, Burton's Hill.
Duncan, Augustus Meek, Alabama medical college, 1874, West Greene.
Fant, Joseph Lewis, medical college of South Carolina, 1876, Forkland.
Hand, Samuel Patton, university of Louisiana, 1884, Pleasant Ridge.
McGehee, Dabney Oswell, medical college of Alabama, 1872, Knoxville.
Murphey, Samuel Silenus, medical college of Alabama, 1881, Pleasant Ridge.
Pyles, Newton Cyrus, Jefferson medical college, 1860, Clinton.
Riggs, Edward Powell, college of Physicians and Surgeons, Baltimore, 1881, Forkland.
Sanders, Henry John, Atlanta medical college, 1856, Clinton.
Smith, John James Alexander, Atlanta medical college, 1858, Union.
Snoddy, Virgil, medical college of Alabama, 1873, Mantua.
Thetford, William Fletcher, university of Louisiana, 1867, and New York Polyclinic, 1884, Boligee.
Turpin, Thomas James, university of Louisiana, 1867, Eutaw.
Webb, Henry Young, Jefferson medical college, 1846, Eutaw.
Membership—16.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Thomas Jefferson, university of Louisville, 18—, Cedarville.
Brassfield, Milton Turner, university of New York, 1869, Forkland.
Byrd, Alexander Hamilton, university of New York, 1869, Eutaw.
Boyce, James Spann, Louisville medical college, 1882, Mt. Hebron.
Morgan, Isaac DuBose, university of Pennsylvania, 1858, Eutaw.
Pierce, Thomas William, university of Virginia, 1854, Knoxville.
Sanders, Charles Peak, Transylvania University, 1842, Pleasant Ridge.
Smith, Armand Pfeister, Kentucky school of medicine, 1875, Knoxville.
Snoddy, Samuel, Transylvania University, 1831, Mantua.
Watson, Charles McAlpine, university of Louisiana, 1881, Eutaw.
White, John McElroy, Vanderbilt University, 1876, Pleasant Ridge.

Retired from practice—Dr. Albert William Higgins, graduate medical college of South Carolina, class of 1854, Newbern.

Removed from the county—Dr. John Lancelotte Minor, Alabama medical college, 1883, formerly of Mt. Hebron, to Sumterville, South Carolina.

There are no irregular practitioners in the county.

No deaths.

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HALE COUNTY MEDICAL SOCIETY—Montgomery, 1875.

President—Thomas R. Ward, M. D., Greensboro.
Secretary—E. Burton Ward, M. D., Greensboro.
President of the Board of Censors—Francis M. Peterson, M. D., Greensboro.
County Health Officer—William C. Avery, M. D., Greensboro.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, Thomas J., University of Pennsylvania, 18--, Cedarville.
Avery, William Cushman, University of Pennsylvania, 1857, Greensboro.
Borden, James Pennington, Southern university, 1873, Greensboro.
Brown, William K., Jefferson medical college, 1845, Havana.
Duggar, Reuben Henry, University of Pennsylvania, 1858, Gallion.
Huggins, Jacob, University of Pennsylvania, 1860, Newbern.
Inge, Richard, University New York, 1871, Greensboro.
Owen, William Henry, University of Nashville, and Vanderbilt University, 1880, Filnn's Mill.
Peterson, Francis Marion, University of New York, 1868, Greensboro.
Pickett, Joseph Martin, medical college of Alabama, 1874, Cedarville.
Turk, Wm. Luther, University of Nashville, 1882, Gallion.
Ward, Edward Burton, University of New York, 1882, Greensboro.
Ward, Thomas Robert, medical college of South Carolina, 1853, Greensboro.
Young, Elisha, Jefferson medical college, 1859, Greensboro.
Membership—14.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Browder, Joseph D., Jefferson medical college, 1842, Gallion.
Gewin, Wm. Christopher, University of Louisville, 1878, Acron.
Hedleston, James Lawrence, medical college of South Carolina, 1855, Steward's Station.
McCrury, William, certificate county board, 18—, Haleboro.
Spencer, George M., certificate county board, 18—, Warren's Store.
Wedgeworth, William M., college of Physicians and Surgeons, Baltimore, 1884, Newbern.
Wilburn, John C., Jefferson medical college, 18—, Carthage.

No application for examination ; no removals from or into the county ; no deaths.

HENRY COUNTY MEDICAL SOCIETY—Birmingham, 1883.

President—William Joseph Lee, M. D., Abbeville.
Secretary—James Thomas Fowler, M. D., Shorterville.
President of the Board of Censors—John L. Fowler, M. D., Shorterville.
County Health Officer—J. Thomas Stovall, M. D., Columbia.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bowen, Oliver Bulow, Savannah medical college, 1860, Lawrenceville.
Balkum, James A., college of Physicians and Surgeons, Baltimore, 1885, Balkum's Cross Roads.
Crawford, John Peter, medical department of university of Louisville, 1851, Columbia.
Darby, John Isaac, Louisville medical college, 1880, Columbia.
Fowler, John Lindsay, medical college of South Carolina, 1851, Shorterville.
Fowler, James Thomas, medical college of South Carolina, 1883, Shorterville.
Hammond, George Augustus, Baltimore medical college, 1884, Gordon.
Lee, William Joseph, medical department of university of Louisiana; university of Nashville, 1861, Abbeville.
Minter, John Frederick, Georgia medical college, 1878, Columbia.
Moody, Fleming Isaac, college of Physicians and Surgeons, Baltimore, 1876, Columbia.
Stovall, John Thomas, Louisville medical college, 1879, Columbia.
Wimberly, Robert Samuel, certificate county board, 1884, Abbeville.
Membership—12.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bird, John Simmons, Louisville medical college, 1876, Wesley.
Johnson, William Russell King, Atlanta medical college, 1878, Headland.
Lewis, James L., Atlanta medical college, 1884, Espy's Store.
Long, James Benjamin, Louisville medical college, 1881, Abbeville.
Oates, Wyatt Samuel, one course student, Headland.
Price, John Edmund, graduate, college not known, Headland.
Smith, James Burwell, university of Pennsylvania, 1837, Columbia.
Sporman, Charles K., Alabama medical college, 1886, Headland.
Carroll, R. D., one course student, Dothen.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Granger, John Wesley, (Botanic) Granger's.
Middlebrooks, Elijah E., (Botanic) 1847, White Pond.

Dr. Robert Flowers was examined by the board and certificate refused.

Dr. James A. Balkum, graduate of the college of Physicians and Surgeons, Baltimore, 1885, was examined and certificate granted.

Moved into the county—Dr. R. D. Carroll, to Dothen.

Moved out of the county—Dr. James A. Balkum, to Texas.

No deaths.

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JACKSON COUNTY MEDICAL SOCIETY—Mobile, 1882.

President—William C. Maples, M. D., Bellefonte.
Secretary—George W. Foster, M. D., Stevenson.
President of the Board of Censors—William C. Maples, M. D., Bellefonte.
County Health Officer—David A. Padgett, M. D., Scottsboro.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Blackborn, Andrew Newton, university of Nashville, 1880, Dodsonville.
Foster, George Winfield, Vanderbilt University, 1882, Stevenson.
Gillespy, J. S., college not given, Scottsboro.
Horton, John Jackson, Vanderbilt University, 1881, Bass.
Maples, William C., university of Tennessee, 1881, Bellefonte.
McCord, David Blackburn, university of Nashville, 1855, Scottsboro.
McCord, John Harvy, certificate county board, 1876, Scottsboro.
McCullough, Albert Morris, certificate county board, 1880, Bellefonte.
Mason, William, Transylvania University, 1846, Fabius.
Padgett, David Anderson, Vanderbilt University, 1882, Scottsboro.
Rorex, James Polk, medical college of Alabama, 1875, Scottsboro.
Smith, William B., certificate county board, 1878, Line Rock.
Membership—12.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adkins, Charles W., university of Louisville, 1868, Langston.
Allen, William Henry, certificate county board, 1884, Langston.
Boyd, James Harvey, university of Nashville, 1860, Larkinsville.
Clark, John Fletcher, certificate of Jackson county board, 1882, Garth.
Derrick, LaFayette, certificate of Jackson county board, 1882, Woodville.
Ducket, Joseph Anderson, certificate of Jackson county board, 1882, Larkin's Fork.
Gattis, Henry Franklin, certificate of Jackson county board, 1882, Princeton.
Grant, Felix Robertson, certificate of Jackson county board, 1882, Larkin's Fork.
Graham, Mike, certificate of Jackson county board, 1869, Stevenson.
Hoffer, D. W., university of Tennessee, 1881, Woodville.
Knowlton, James Wiley, Vanderbilt University 1883, Paint Rock.
Lee, E. L., university of Nashville, 1873, Bridgeport.
Parks, James Munro, certificate of Jackson county board, 1884, Scottsboro.
Robertson, James O., certificate of Jackson county board, 1884, Garth.
Smith, Barton Brown, university of Nashville, 1867, Larkinsville.
Spiller, William Kingston, Vanderbilt University, 1874, Bridgeport.
Wamock, Wiley C., certificate county board, Samples.

There are no irregulars in the county.

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Moved into the county—Dr. J. S. Gillespy, formerly of Birmingham, to Scottsboro.

Removed from the county—Dr. G. W. Story, formerly of Santa, to Paris, Texas; Dr. William B. Smith, of Line Rock, to Guntersville, Ala.

No one has been examined to begin the study of medicine, or to practice since last report.

JEFFERSON COUNTY MEDICAL SOCIETY--Birmingham, 1877.

President—Charles Whelan, M. D., Birmingham.
Secretary—E. Pickens Earle, M. D., Birmingham.
President of the Board of Censors—John W. Sears, M. D., Birmingham.
County Health Officer—Henry J. Winn, M. D., Birmingham.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Burgamy, Tilman Purifoy, Jefferson medical college, 1885, Birmingham.
Cooper, William Dudley, Jefferson medical college, 1869, Birmingham.
Cochrane, Hardin Perkins, university of New York, 1874, Birmingham.
Copeland, Benjamin Grigsby, Jefferson medical college, 1883, Birmingham.
Davis, John Daniel Sinkler, Georgia medical college, 1879, Birmingham.
Davis, William Elias B., Bellevue Hospital medical college, 1884, Birmingham.
Dozier, John Calhoun, university of Nashville, 1858, Birmingham.
Dunman, Charles, Alabama medical college, 1880, Birmingham.
Earle, Edward Pickens, medical college of South Carolina, 1880, Birmingham.
Edwards, Robert Smith, Atlanta medical college, 1871, Trussville.
Hayes, John Moore, Nashville medical college, 1857, Pratt Mines (State physician).
Heard, Thomas Henry, Georgia medical college, 1857, Birmingham.
Henley, Albert Thomas, university of New York, 1869, Birmingham.
Hughes, Brice Martin, university of Louisiana, 1882, Birmingham.
Jordan, Mortimer Harvey, Miami medical college, 1868, Birmingham.
Lacy, Edward P., Vanderbilt University, 1883, Trussville.
Ledbetter, Samuel Leonidas, university of Louisville, 1869, Birmingham.
Luckie, James Buchner, university of Pennsylvania, 1853, Birmingham.
Lusk, Percy Bradford, university of Louisiana, 1883, Birmingham.
McCarty, James Henry, Atlanta medical college, 1880, Birmingham.
Naff, John Mortimer, Vanderbilt University, 1885, Birmingham.
Prince, Francis Marion, Jefferson medical college, 1849, Jonesboro.
Robinson, Thomas F., Vanderbilt University, 1881, Jonesboro.
Rosser, Henry N., Atlanta medical college, 1869, Birmingham.
Sears, John William, university of Pennsylvania, 1850, Birmingham.
Shoemaker, Wooster Ney, Columbus medical college, 1878, Birmingham.
Sholl, Edward Henry, Pennsylvania medical college, 1856, Birmingham.

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Whelan, Charles, university of Louisiana, 1866, Birmingham.
Wilson, Cunningham, university of Pennsylvania, 1884, Birmingham.
Winn, Henry Jasper, university of Louisiana, 1858, Birmingham.
Woolestan, Samuel Harvey, university of Pennsylvania, 1880, Birmingham.
Membership—29.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abercrombie, John Patterson, medical college of Alabama, 1880, Cedar Grove.
Abernethy, Burwell Gideon, college of Physicians and Surgeons, Baltimore, 1879, Birmingham.
Abernethy, Jones Cadwalader, university of Louisiana, 1859, Birmingham.
Acton, Samuel W., medical college of Alabama, 1860, Trussville.
Bevans, James Madison, certificate of Madison county board, 1871, Warrior.
Brewster, Andrew Jackson, medical college of Alabama, 1880, Birmingham.
Brown, George Washington, Atlanta medical college, 1877, Pratt Mines.
Brown, Thomas Jefferson, Vanderbilt University, 1885, Pratt Mines.
Cross, Samuel Mardis, Georgia medical college, 1860, Oxmoor.
Crow, Andrew Jackson, Atlanta medical college, 1868, Warrior.
Cunningham, Russell McWhorter, university of New York, 1879, Pratt Mines.
Ellis, Gideon Wesley, certificate of Elyton Botanical Association, 1872, Warrior
Douglass, Albert Gallatin, Vanderbilt University, 1881, Reading.
Drennan, Charles, medical college of Alabama, 1876, Birmingham.
Duncan, Henderson Stallworth, Vanderbilt University, 1880, Birmingham.
Edwards, Alva C., college not given, Birmingham.
Foster, Ezra, certificate county board, 18—, Toadvine.
Green, Robert Smith, medical college of Alabama, 1860, New Castle.
Lewis, F. P., college not given, Coalburg.
Mathews, Robert Julius, Georgia medical college, 18—, Warrior.
McClendon, J. W., college not given, Irondale.
Oates, David D., university of Pennsylvania, 1860, Leeds.
Posey, William Felix, medical college of Alabama, 1851, Mt. Pinson.
Ragsdale, Milton, Atlanta medical college, 18—, McCalla.
Roberts, Martin, certificate county board, 1879, Haygood's Cross Roads.
Spencer, Lucian O., Miami medical college, 1885, Jonesboro.
Vann, James Bird, university of Louisiana, 1881, Huffman.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Fabre, Jules J., (Homeopathist) Homeopathic Hospital college, Cleveland, 1884, Birmingham.

Drs. Lucius A. Spencer, graduate of the Miami medical college of Ohio, class of 1885; Jules J. Fabre, graduate of the Homeopathic Hospital medical college, class of 1884; Samuel Harvey Woolestan, graduate of the uni-

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versity of Pennsylvania, class of 1860, Birmingham; Robert Jones, graduate of the university of Louisville, class of 1886, Warrior, passed successful examinations before the county board and were admitted to practice.

Drs. Emil Henckell, graduate of the university of Syracuse, New York, class of 1882, now resident at Cullman, Cullman county, Ala; Alexander B. Cheek, graduate of Hahneman medical college of Chicago; John Milton LeSeuer, graduate of the university of Nashville, class of 1877, passed unsuccessful examinations before the county board and certificates refused.

Mr. James E. Robbins was examined preliminary to the commencement of the study of medicine and rejected.

Moved into the county—Dr. Henderson Stallworth Duncan, graduate of the Vanderbilt University, class of 1880, Birmingham; Dr. Alva C. Edwards, formerly of Coosa county, now of Birmingham; Charles Dreunen, formerly of Arkadelphia, Blount county, graduate of the medical college of Alabama, 18—, Birmingham.

Died—Henry Thomas Heard, M. D., graduate of the Georgia medical college at Augusta, class of 1857, resident at Birmingham, of angina pectoris.

LAMAR COUNTY MEDICAL SOCIETY.

President—William L. Morton, M. D., Vernon.
Secretary—Martin W. Morton, M. D., Vernon.
President of the Board of Censors—William H. Kennedy, M. D., Kennedy.
County Health Officer—Robert J. Redden, M. D., Cansler.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barksdale, James Ira, University of Nashville, 1872, Olinda.
Burnes, G. C., college not given, Vernon.
Collins, W. J., college not given, Kingsville.
Elliott, W. F., college not given, Beaverton.
Kennedy, John Oscar, medical college of Alabama, 1882, Kennedy.
Kennedy, William Henson, Nashville medical college, 1851, Kennedy.
Morton, Martin Watson, Cincinnati medical college, 1873, Vernon.
Morton, William Locke, university of Louisiana, 1874, Vernon.
Redden, Robert James, Baltimore medical college, 1873, Cansler.
Stanley, James S., college not given, Detroit.
Membership—10.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Agnew, James A., college not given, Providence, Pickens county.
Armstrong, Warren, college not given, Detroit.

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Blakeny, Lewis Columbus, medical college of Alabama, 1874, Millport.
Brown, William A., college not given, Vernon.
Box, David W., college not given, Military Springs.
Collins, George, college not given, Pilgrim's Rest, Fayette county.
Gunter, Peter T., college not given, Coal Fire, Pickens county.
Morton, Emmett L. college not given, Vernon.
Springfield, Thomas J., college not given, Detroit.
Steins, Charles Quinn, college not given, Lowndes county, Mississippi.

The above report is exceedingly imperfect, and shows gross neglect on the part of the secretary *pro tem.* Its deficiencies must be attributed to him, and not to the secretary of this Association. Let us hope this society will do better in the future.

LAWRENCE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—Reese B. Porter, M. D., Town Creek.
Secretary—William L. Dinsmore, M. D., Town Creek.
President of the Board of Censors—Edward Clinton Ashford, M. D., Courtland.
County Health Officer—F. S. McMahon, M. D., Courtland.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Ashford, Edward Clinton, University of Louisiana, 1857, Courtland.
Burkett, Henry Bascomb college of Physicians and Surgeons, New York, 1878, Hillsborro.
Clark, John McWhorter, university of Louisville, 1850, Moulton.
Crow, Calvin Augustus, Jefferson medical college, Moulton.
Dinsmore, David Finley, university of Louisville, 1882, Landersville.
Dinsmore, William Lewis, Vanderbilt University, 1881, Town Creek.
Hodges, John Prewitt, university of Nashville, 1872, Oakville.
Houston, Leonidas W., university of Nashville, 1878, Town Creek.
Jones, Thomas M., university of Louisville, 1878, Mt. Hope.
Kumpe, George Ernest, university of Pennsylvania, Leighton.
Martin, John Rufus, university of Nashville, 1869, Hatton.
Masterson, Byron O., Indiana medical college, 1869, Edmond.
Masterson, John T., Philadelphia university of medicine and surgery, 18—, Moulton.
McMahon, Fortunatus Sidney, university of Pennsylvania, 1857, Courtland.
McDonald, John R., college not given, Town Creek.
Porter, Reese Bowen, university of Nashville, Town Creek.
Rand, Edgar, college not given, Leighton.
Simms, Edgar Thomas, Philadelphia university of Medicine and Surgery, Hillsboro.

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Sykes, Andrew Jackson, university of Louisville, 1851, Courtland.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ethridge, Benjamin Franklin, Memphis medical college, 1886, Edmond.
Jones, Thomas H., college not given, Mt. Hope.
King, Benjamin R., university of Pennsylvania, 18—, Leighton.
Pitts, ——, college not given, 1886, Wheeler.
Shegog, George, King's college, Dublin, 1846, Leighton.
Simpson, Robert M., Vanderbilt University, 1885, Moulton.

Physician resident in the county, but not classified—J. R. Edwards, M. D., University of Louisville, Courtland.

LEE COUNTY MEDICAL SOCIETY—Huntsville, 1880.

President—Aurelius G. Emory, M. D., Opelika.
Secretary—Leven W. Shepheard, M. D., Opelika.
President of the Board of Censors—Aurelius G. Emory, M. D., Opelika.
County Health Officer—Abijah B. Bennett, M. D., Opelika.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bedell, Robert Bruce, University of Tennessee, 1869, Opelika.
Bennett, Abijah Benjamin, college of Physicians and Surgeons, Baltimore, 1881, Opelika.
Bloodworth, Wiley Washington, Jefferson medical college, 1853, Lively.
Drake, John Hodges, Atlanta medical college, 1857, Auburn.
Emory, Aurelius Grigsby, university of Louisiana, 1862, Opelika.
Floyd, James William Daniel, university of Pennsylvania, 1820, Salem.
Greene, Miles Jefferson, medical college of South Carolina, 1851, Opelika.
Griffin, William Henry Harrison, medical college of South Carolina, 1835, Opelika.
Love, James Madison, medical college of South Carolina, 1854, Salem.
Love, William J., Atlanta medical college, 1884, Waccochee.
McCoy, Amos Washington, Georgia medical college, 1846, and university of New York, 1853, Lively.
McCoy, Charles Breckenridge, college of Physicians and Surgeons, Baltimore, 18—, Opelika.
Shepherd, Leven Wilson, university of New York, 1859, Opelika.
Wheelis, William K., university of Louisville, 1855, Beulah.

Membership—14.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Fowler, Andrew Jackson, Atlanta medical college, 18—, Roxana.
Foreman, Arthur L., university of Louisville, 18—, Loachapoka.

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Johnson, William H., Atlanta medical college, 1867, Loachapoka.
Shelton, Menzo David, university of Nashville, 1869, Salem.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Lamar, William Henry, (eclectic), Auburn.
Williams, David Bullard (eclectic), Georgia Reform medical college, 1886, Opelika.
Williams, J. W. R., (eclectic), Opelika.

Drs. Andrew Jackson Fowler, graduate of the Atlanta medical college, class of 1885, resident at Roxana; Charles Breckenridge McCoy, graduate of the college of Physicians and Surgeons, Baltimore, 18--, resident at Opelika; and William K. Wheelis, graduate of the university of Louisville, class of 1885, resident at Beulah, passed successful examinations before the county board and were admitted to practice.

Mr. Joseph D. Foreman passed a successful examination before the county board preliminary to the study of medicine.

Removed from the county—Dr. Joel V. Hobbs (eclectic), formerly of Brownsville, to Columbus, Georgia; Dr. William H. Humphreys (eclectic), formerly of Opelika, to Birmingham; Dr. M. E. McIntosh, formerly of Opelika, to Dudleyville, Chambers county, Alabama.

Died--Joseph Blaylock Barnett, M. D., graduate of the medical department of the university of New York, June 8, 1885.

LIMESTONE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—Theophilus Westmoreland, M. D., Athens.
Secretary—William J. Hogan, M. D., Athens.
President of the Board of Censors—John R. Hoffman, M. D., Athens.
County Health Officer—John R. Hoffman, M. D., Athens.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Fish, William Thomas, university of New York, 1856, Athens.
Gaston, Paul Cheeves, Vanderbilt University, 1878, Athens.
Hill, Henry Willis, university of New York, 1884, Mooresville.
Hoffman, John Richardson, Jefferson medical college, 1858, Athens.
Hogan, William James, Jefferson medical college, 1884, Athens.
Houston, John Samuel, university of Louisville, 1877, Athens.
Pettus, Joseph Albert, university of Nashville, 1867, Elkmont.
Rankin, James Coffield Mitchell, university of Nashville, 1858, Belle Mina.
Westmoreland, Theophilus, university of Nashville, 1856, Athens.
Membership—9.

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REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, Jones J., certificate of county board, 1878, Athens.
Collins, J. M., non-graduate, Athens.
Dupree, W. J., non-graduate, Athens.
Moore, Elisha, D., certificate of county board, 1869, (old law), Athens.
Pettus, Thomas Coleman, certificate of Madison county board, 1844, Pattonville.
Wilkinson, M. R., university of Nashville, 1867, Westmoreland.
Williams, G. A., university of Nashville, 1880, Athens.
Withers, Samuel Jordan, university of Nashville, 1856, Monroeville.
York, Seborn E., Louisville medical college, 1878, Monroeville.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Dickson, S. C , (botanic), Monroeville.
Johnston, George, (botanic), Monroeville.
Moebes, Otto, (homœpathist), Monroeville.

Dr. Petway Groce, of Pettusville, graduate of Vanderbilt University, class of 1886, passed a successful examination before the county board, and was admitted to practice.

LOWNDES COUNTY MEDICAL SOCIETY—Mobile, 1876.

President—G. W. Carr, M. D., Fort Deposit.
Secretary—W. C. Weaver, M. D., Fort Deposit.
President of the Board of Censors—Shirley Bragg, M. D., Lowndesboro.
County Health Officer—Shirley Bragg, M. D., Lowndesboro.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bowie, Andrew, medical college of South Carolina, 1854, Benton.
Bragg, Shirley, medical college of Alabama, 1875, Lowndesboro.
Bruner, Oliver Glenn, medical college of Alabama, 1884, Bragg's Store.
Caffey, Hugh William, medical college of South Carolina, 1855, Hayneville.
Carr, George Washiugton LaFayette, University of Pennsylvania, 1855, Fort Deposit.
Cilley, Phillip Noble, University of Louisiana, 1848, Lowndesboro.
Coleman, A. D., medical college of Alabama, 18—, Mount Willing.
Dilburn, Samuel George, medical college of Alabama, 1875, Bragg's Store.
Jones, Devotie Davis, Atlanta medical college, 18—, Fort Deposit.
Hopping, Daniel Stiles, Jefferson medical college, 1852, Letohatchie.
Mushat, John Patrick, medical college of South Carolina, 1855, Hayneville.
Peake, William E., Vanderbilt University, 1883, Farmersville.
Peake, John S., medical college of South Carolina, 1854, Farmersville.

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Pearson, Fletcher, medical college of Alabama, 18—, Benton.
Pritchett, John Albert, University of Virginia, 1879, Hayneville.
Weatherly, C. T., Atlanta medical college, 18—, Atlanta.
Weaver, William Calvin, University of Tennessee, 1883, Fort Deposit.

Membership—15.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ansley, John Samuel, Atlanta medical college, 1867, Mount Willing.
Haygood, Daniel, medical college of South Carolina, 1859, Mount Willing.
McRee, Abram Cruser, University of Pennsylvania, 1850, Lowndesboro.
Owen, Paschal Harrison, University of New York, 1859, Morganville.
Reese, Charles Edwin, Jefferson medical college, 1855, Lowndesboro.
Russell, John Hamilton, certificate of county board, 1878, Sandy Ridge.
Sanderson, Edmund Lindsay, Jefferson medical college, 1857, Letohatchie.
Stephens, James John, Georgia medical college, 1859, Sandy Ridge.
Stewart, William Champneys, college not given, Benton.

There art no irregular practitioners in the county.

Moved into the county—Drs. C. T. Weatherly, Benton; S. H. McQueen, Fort Deposit; W. L. Buford, Mt. Willing, and S. E. Winnemore, Benton.

Removed from the county—Drs. P. M. Bruner to Evergreen, and Dunklin Pierce, formerly of Benton, to Montgomery.

Dr. Eugene Snow passed a successful examination for the practice of medicine and a certificate issued.

MACON COUNTY MEDICAL SOCIETY.—Selma, 1879.

President—Charles L. R. Boyd, M. D., La Place.
Secretary—Thomas E. Dryer, M. D., Tuskegee.
President of the Board of Censors—Wesley F. Hodnett, M. D., Tuskegee.
County Health Officer—Wesley F. Hodnett, M. D., Tuskegee.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Alexander, Harvard Augustus, Kentucky School of Medicine, 1875, Tuskegee.
Arbery, William Buchanan, Vanderbilt University, 1882, Notasulga.
Brunson, Thaddeus W., university of Pennsylvania, 1847, Society Hill.
Boyd, Charles LeRoy, medical college of South Carolina, 1856, La Place.
Boyd, Wiley Turner, Memphis Hospital medical college, 1885, La Place.
Dryer, Thomas Edmund, medical college of Alabama, 1886, Tuskegee.
Gautier, William Jones, university of Pennsylvania, 1850, Tuskegee.
Griggs, John Gardner, university of Pennsylvania, 1853, Tuskegee.

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Hodnett, Wesley Forbush, Transylvania University, 1836, Tuskegee.
Johnson, Benjamin Franklin, medical college of South Carolina, 1843, Notasulga.
Letcher, Francis Marion, university of Louisiana, 18—, Shorter's.
Lightfoot, John Steele, medical department university of Nashville, 1868, Shorter's.
Membership—12.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ellison, James E., medical college of Georgia, 1848, Creek Stand.
Ivey, Benjamin Franklin, certificate county board, 1878, Tuskegee.
Judkins, George Bernard, Jefferson medical college, 1859, Shorter's.
Sistrunk, John, university of New York, 1858, Society Hill.
Wagnon, John Troup, certificate county board, 1879, Shorter's.
Williams, Frederick William, university of Pennsylvania, 1852, La Place.

Dr. Wiley Turner Boyd, graduate of the Memphis Hospital medical college, class of 1885, resident at La Place, passed a successful examination before the county board and was admitted to practice.

A certificate to sell and compound drugs was issued to Mr. Duncan, of Notasulga.

No removals into or from the county; no deaths.

MADISON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—John J. Dement, M. D., Huntsville.
Secretary—Lewis C. Pynchon, M. D., Huntsville.
President of the Board of Censors—Milton C. Baldridge, M. D., Huntsville.
County Health Officer—Milton C. Baldridge, M. D., Huntsville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Baldridge, Milton Columbus, Bellevue Hospital medical college, 1874, Huntsville.
Barclay, John Wyeth, Jefferson medical college, 1869, Huntsville.
Blanton, John Conroe, university of Louisville, 1876, New Market.
Blanton, Charles Edgar, Vanderbilt University, 1882, New Market.
Brouillette, Piere Lawrence, medical college of Ohio, 1871, Huntsville.
Delony, Isaac Fox, university of Louisiana, 1854, Triana.
Dement, John Jefferson, university of Pennsylvania, 1853, Huntsville.
Erskine, Alexander Russell, university of Pennsylvania, 1857, Huntsville.
Fletcher, Richard Mathew, university of Pennsylvania, 1854, Madison.
Gillespie, James Clarke, Vanderbilt University, 1880, Madison.
Glover, Antonio Natalie, university of Nashville, 18—, Owens' Cross Roads.
Hinds, Bryan William, university of Nashville, 1886, New Hope.

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Logan, Abner Louis, university of Nashville, 1858, Whitesburg.
Lowry, Samuel Hickman, Bellevue Hospital medical college, 1873, Huntsville.
Macon, Joseph Sumter, Atlanta medical college, 1880, Hays' Store.
Martin, Hezekiah Lee, Vanderbilt University, 1881, Gurleyville.
McLain, David Hubbard, medical college of Alabama, 1885, Maysville.
McDonnell, Henry, university of Louisiana, 1868, Huntsville.
Norris, George Dashiells, university of Maryland, 1831, New Market.
Pynchon, Lewis Charlton, Jefferson medical college, 1852, Huntsville.
Pettus, William David, university of Nashville, 18—, Rep.
Petty, Robert Augustus, Alabama medical college, 1871, Hays' Store.
Rice, Francisco, certificate county board, 1878, New Market.
Sullivan, George Richard, Shelby medical college, 1860, Madison.
Shelby, Antony Bouldin, certificate county board, 1878, Huntsville.
Steger, Francis Eppes Harris, university of Nashville, 1854, Maysville.
Watts, John Park, university of Louisville, 18—, Hays' Store.
Membership—27.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brazleton, John Houston, Vanderbilt University, 1880, Berkley.
Burwell, Edwin Dudley, Kentucky medical college, 1875, Rep.
Carter, John William, university of Nashville, 1875, Cluttsville.
Flint, James C., university of Louisville, 18—, Gurleyville.
Hatcher, Alexander W., certificate county board, 1882, Hazel Green.
Jones, John Andrew R., university of Nashville, 1873, New Market.
Lipscomb, DeKalb, certificate county board, 1878, New Market.
Rivers, William Edward, certificate county board, 1882, New Hope.
Ridley, James Lucas, Shelby medical college, 1861, Huntsville.
Robinson, Christopher Americus, Jefferson medical college, 1871, Huntsville.
Scruggs, Burgess, (col.) Central Union College, Nashville, 1879, Huntsville.
Slaughter, John Richard, university of New York, 1847, Madison.
Sullivan, William Francis, certificate county board, 1882, Owens' Cross Roads.
Taliaferro, Edwin Turner, Transylvania University, 1846, New Market.
Wall, Alfred A., university of Pennsylvania, 1853, Maysville.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Cochran, Robert Edward, (Eclectic) Botanic medical college of Memphis, New Market.

Dr. John Benton Farley, graduate of the Vanderbilt University, class of 1886, resident at Whitesburg, this county, passed a successful examination before the county board, and was admitted to practice.

Drs. Eldrid Allison Trewitt, graduate of Vanderbilt University, class of 1886, and John Marion Layman, graduate of the university of Nashville,

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class of 1870, passed unsuccessful examinations before the county board and certificates refused.

No removals from or into the county ; no deaths.

MARENGO COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—Edward H. C. Bailey, M. D., Demopolis.
Secretary—Hobart C. Duggar, M. D., Van Dorn Station.
President of the Board of Censors—George Whitfield, M. D., Old Spring Hill.
County Health Officer—Arnold Jolly, M. D., Linden.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allen, William Howard, Louisville medical college, 1882, Sweetwater.
Bailey, Edward Howe Corrie, university of Virginia, 1848, Demopolis.
Duggar, Hobart Cobbs, medical college of Alabama, 1879, Van Dorn.
George, James Hosea, medical college of South Carolina, 1867, Linden.
Jolly, Arnold, medical college of Alabama, 1885, Linden.
Kimbrough, William Leonard, university of Louisiana, 1881, Shiloh.
McCants, Robert Bell, Southern medical college, 1882, Jefferson.
McCorkle, Thomas S., medical college of Alabama, 1883, Dayton.
Ruffin, James Sterling, university of Pennsylvania, 1849, Demopolis.
Whitfield, Bryan Watkins, university of Pennsylvania, 1853, Demopolis.
Whitfield, Charles Boaz, college of Physicians and Surgeons, New York, 1871, Demopolis.
Whitfield, George, university of Pennsylvania, 1858, Old Spring Hill.
Whitfield, James B., Jefferson medical college, 1867, Demopolis.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bethea, Henry, university of Louisiana, 1861, Faunsdale.
Bettis, Thomas J., university of Louisiana, 18—, Hoboken.
Drummond, William Fletcher, university of Maryland, 1849, Magnolia.
Evans, Isaiah Thomas, Jefferson medical college, 1837, Luther's Store.
Gillespie, Robert Clanton, Louisville medical college, 1883, Dixon's Mills.
Horn, Frank Clements, medical college of Alabama, 1878, Uniontown.
Jones, Richard Augustus, Jefferson medical college, 1855, Dayton.
Jones, Wade Hampton, medical college of South Carolina, 1858, Jefferson.
King, Shubal S., university of Louisiana, 1847, McKinley.
Luther, John George Michael, university of Louisiana, 1860, Luther's Store.
Morgan, Henry Walter, medical college of Alabama, 1873, Dayton.
Nixon, William Goodwin, university of Pennsylvania, 1855, Nixonville.
Pegram, William Edward, certificate county board, (old board), 1844, Dayton.

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Pinkston, James Madison, college of Physicians and Surgeons, Baltimore, 1878, Faunsdale.
Poellnitz, Benjamin Bruno, university of Louisiana, 1847, Hill's.
Reese, Henry Winston, university of Pennsylvania, 1846, Van Dorn.
Slade, Henry, medical college of Alabama, 1872, Magnolia.
Smith, Seth David, university of Louisville, 1854, Demopolis.
Spotswood, Norborne Dandridge, Kemper college, St. Louis, 1844, Linden.
Strudwich, Edmund, Jefferson medical college, 1857, Dayton.
Thomas, Charles B., Southern medical college, 1883, McKinley.
Thomas, John, certificate county board, 1878, Rembert.
Webb, James, university of Pennsylvania, 1842, Faunsdale.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Allen, J. A. (eclectic), Graffenberg Institute, 1853, Shiloh.

Removed from the county—Dr. C. A. Williamson, graduate of the medical college of Alabama, 1882, formerly of Putnam, to Texas.

Moved into the county—Dr. Arnold Jolly, graduate of the medical college of Alabama, class of 1885, resident at Linden.

Dr. Wade Hampton Jones, of Jefferson, and S. J. Pace, of Jefferson, passed successful examinations before the county board, and were granted certificate to engage in the drug business.

No deaths, or examinations.

MARSHALL COUNTY MEDICAL SOCIETY—Anniston, 1886.

President—
Secretary—
President of the Board of Censors—
County Health Officer—

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Funderberg, William Lewis, Southern Reform medical college, Atlanta, 1882, Albertville.
Hall, William Presley, Southern Reform medical college, Atlanta, 1886, Hyatt.
Johnson, Marcus L., certificate county board, 18—, Oleander.
Lusk, Lorenzo D., certificate of Madison county board, 1860, Guntersville.
May, George B., certificate county board, 18—, Mid.
May, Thomas S., Vanderbilt University, 1883, Mid.
May, William, university of Nashville, 1880; Vanderbilt University, 1882, Warrenton.
Patterson, Jefferson Jackson, certificate of Etowah county board, 1881, Albertville.
Ricketts, William M., certificate Marshall county board (old law), 1868, Guntersville.

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Russell, William David, Cincinnati college of Physicians and Surgeons, 1884, Oleander.
Agrippa, Scott, Atlanta medical college, 1885, Albertville.
Slaughter, Charles J., certificate of Etowah county board, 1881, Albertville.
Smith, William G., Nashville medical college, 18—, Warrenton.
Stewart, Andrew Jackson, medical college of Alabama, 1885, Henryville.
Thomason, William Levi, university of Nashville, 1871, Guntersville.

Membership—15.

MOBILE COUNTY MEDICAL SOCIETY—Mobile, 1876.

President—T. S. Scales, M. D., Mobile.
Secretary—Isaac Beeson Hamilton, M. D., Mobile.
President of the Board of Censors—George A. Ketchum, M. D., Mobile.
County Health Officer—Thomas Sidney Scales, M. D., Mobile.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, William Henry, University of Virginia, 1842, Mobile.
Cochran, Jerome, university of Nashville, 1861, Mobile; official residence, Montgomery.
Crampton, Orson Lucius, Bellevue Hospital medical college, 1865, Mobile.
Dickson, Edward, medical college of Alabama, 1882, Mobile.
Fowler, George, college not given, Mobile.
Goode, Rhett, medical college of Alabama, 1871, Mobile.
Gaines, Vivian Pendleton, medical college of Alabama, 1872; college of Physicians and Surgeons, Baltimore, 1873, Mobile.
Gordon, Frederick Elliott, medical college of Alabama, 1882, Mobile,
Hamilton, Isaac Beeson, university of Pennsylvania, 1883, Mobile.
Hamilton, Joseph Courten, university of Pennsylvania, 1846, Mobile.
Heustis, James Fountain, university of Louisiana, 1848, Mobile.
Hirschfeld, Henry P., university of Pennsylvania, 1877, Mobile.
Inge, Henry Tutwiler, university of the city of New York, 1883, Mobile.
Ketchum, George Augustus, university of Pennsylvania, 1846, Mobile.
Mohr, Charles A., medical college of Alabama, 1884, Mobile.
Olliphant, Samuel Rutherford, university of Louisiana, 1855, Mobile.
Owen, Goronway, university of Pennsylvania, 1857, Mobile.
Pape, William Barnesmore, medical college of Alabama, 1882, Mobile.
Paton, William, medical college of Alabama, 1876, Mobile.
Randel, J. C., medical college of Alabama, 1884, Whistler.
Rice, Arthur H., medical college of Alabama, ——, Mobile.
Reese, Augustus Jordan, university of Louisiana, 1849, Mobile.
Sanders, William Henry, Jefferson medical college, 1861, Mobile.
Sawyer, William Templeton, university of Louisiana, 1860, Whistler.
Scales, Thomas Sidney, college of Physicians and Surgeons, New York, 1867, Mobile.

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Smith, Daniel Edgerly, medical college of Alabama, 1861, Mobile.
Thomas, James Grey, university of Pennsylvania, 1856, Mobile.
Toxey, Caleb, university of Pennsylvania, 1860, Mobile.

Membership—28.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beatty, William Gibbs, medical college of Alabama, 18—, Whistler.
Edwards, William Mathews, Medical college of Alabama, 1880, Bayou La Batre.
Hall, Alexander Powe, university of Louisiana, 1859, Mobile.
Hicklin, William C., medical college of South Carolina, 18—, Mobile.
Johnston, David E., Georgia medical college, 1868, Mobile.
Kennedy, J. Williams, college not give, (retired), Mauvilla.
Lovelady, William Milton, certificate county board, 1882, St. Elmore.
Mastin, Claudius Henry, Sr., university of Pennsylvania, 1849, Mobile.
Mastin, Claudis Henry, Jr., university of Pennsylvania, 1884, Mobile.
Mastin, William M., university oi Pennsylvania, 1874, Mobile.
McCarthy, M. E., medical college of Alabama, 18—, Whistler.
McArthur, Andrew Patterson, medical college of Alabama, 1885, Mobile.
McVoy, Diego, university of Maryland, 18—, Spring Hill.
Micheal, Jacob G., university of Virginia, 18—, Citronelle.
Reynolds, Samuel K., Jefferson medical college, 18—, Mobile.
Rhomer, J. F. B., university of Louisiana, 18—, Spring Hill.
Rhomer, William B., university of Louisiana, 18—, Grand Bay.
Tompkins, John E., Vanderbilt University, 18—, Mobile.
Walker, Robert E., university of Nashville, 18—, Whistler.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Duffield, —— —— (Homeopathist), Mobile.
Murrell, William J., (Homeopathist), Mobile.

Doctors J. B. Hargrove; Eben Bell Kirk, Montgomery; A. P. McArthur; W. B. Overall, and A. H. Rice, graduates of the medical college of Alabama, class of 1885, passed successful examinations before the county board, and were admitted to practice.

Dr. Frederick Elliott Gordon, graduate of the medical college of Alabama, class of 1882, resident at Mobile, passed a successful examination before the county board, and was admitted to practice.

Doctors ——— Stoltze, (Eclectic), and ——— Duffield, (Homeopathist), passed a satisfactory examination before the county board, and certificates were granted.

Moved into the county—Dr. Vivian Pendleton Gaines, formerly of Mt. Sterling, Choctaw county, to Mobile.

Removed from the county—Drs. J. B. Hargrove, post-office not given ;

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Eben Bell Kirk, to Montgomery; Robert G. Southall, formerly of Mobile, to State Line, Mississippi, and — — Stoltze, Eclectic, post-office not given.

Died—Dr. Walter B. Overall.

MONROE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—Willam Wallace McMillan, M. D., Glendale.
Secretary—J. T. Packer, M. D., Monroeville.
President of the Board of Censors—G. W. Gaillard, M. D., Perdue Hill.
County Health Officer—William Wallace McMillan, M. D., Glendale.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Bradley, Hugh, university of Pennsylvania, 1856, River Ridge.
Boroughs, William Morris, medical college of South Carolina, 1857, Newtown Academy.
Dailey, Fielden Straughn, medical college of Alabama, 1871, Kempville.
Gaillard, Samuel Septimus, medical college of South Carolina, 1848, Perdue Hill.
Gaillard, George Walton, Louisville medical college, 1882, Perdue Hill.
Jenkins, James Samuel, medical college of South Carolina, 18—, Buena Vista.
Mason, William Thomas, college not given, ——, Activity.
McMillan, William Wallace, university of Louisiana, 1856, Glendale.
Packer, James Thomas, medical college of Alabama, 1873, Monroeville.
Shomo, Joseph Weatherford, Transylvania University, 1885, Mt. Pleasant.
Smith, William A., medical college of Alabama, 1881, Bell's Landing.
Membership—11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Draughn, Robert J., medical college of South Carolina, 18—, Claiborne.
Whissenhant, William, University of Nashville, 18—, Buena Vista.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Chapman, William R., Georgia Reform medical college, 18—, Old Texas.
Russell, James Thomas, Georgia Reform medical college, 1856, Monroeville.

Dr. G. G. Scott, graduate of the Louisville medical college, and Dr. Monroe Hestle, graduate of the medical college of Alabama, passed successful examinations before the county board, and were admitted to practice.

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MONTGOMERY COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—Job S. Weatherly, M. D., Montgomery.
Secretary—Eben B. Kirk, M. D., Montgomery.
President of the Board of Censors—John B. Gaston, M. D., Montgomery.
County Health Officer—Benjamin R. Pearson, M. D., Montgomery.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Baldwin, Benjamin James, Bellevue Hospital medical college, 1877, Montgomery.
Baldwin, William Owen, Transylvania University, 1837, Montgomery.
Blue, John Howard, Washington University, Baltimore, 1870, Montgomery.
Douglass, James, medical college of South Carolina, 1857, Montgomery.
Duncan, Charles Kane, university of New York, 1858, Montgomery.
Gaston, John Brown, university of Pennsylvania, 1855, Montgomery.
Hill, Luther Leonidas, university of New York, 1881, Montgomery.
Jackson, Walter Clarke, university of Pennsylvania, 1852, Montgomery.
Johnston, John Foot, medical college of South Carolina, 1848, Montgomery.
Jones, Benjamin Rush, Jefferson medical college, 1836, Montgomery.
Jordan, James Reid, university of Maryland, 1884, Montgomery.
Kirk, Eben Bell, medical college of Alabama, 1885, Montgomery.
Means, Thomas Alexander, Atlanta medical college, 1857, Montgomery.
McDade, George Wilkins, New Orleans School of Medicine, 1861, Montgomery.
Michel, Richard Fraser, medical college of South Carolina, 1847, Montgomery.
Owen, Paschal Harrison, university of New York, 1859, Morganville.
Pearson, Benjamin Rush, medical college of Alabama, 1881, Montgomery.
Pierce, Dunklin, university of Louisiana, 1858, Montgomery.
Seelye, Samuel Dibble, university of New York, 1855, Montgomery.
Simpson, LeRoy Johnston, Bellevue Hospital medical college, 1883, Montgomery.
Taylor, William B., Bellevue Hospital medical college, 1879; Louisville medical college, 1875, Pike Road.
Weatherly, Job Sobieski, university of New York, 1849, Montgomery.
Wilkinson, Wooten Moore, university of Virginia, 1879; university of New York, 1880, Montgomery.
Williams, Robert Silas, Jefferson medical college, 1848, Montgomery.
Wood, Milton LeGrand, Bellevue Hospital medical college, 1877, Montgomery.

Membership—25.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Arnold, John B., college not ascertained, Pine Level.
Bibb, William George, college not ascertained, Montgomery.

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Callaway, James H., college not ascertained, Oakley.
Davis, LeRoy W., medical college of Georgia, 1853, Morganville.
Dorsett, Charles Nathaniel (colored), university of Buffalo, 18—, Montgomery.
Elsberry, J. P., medical college of Virginia, 1860, Oakley.
Fonville, J. B., college not ascertained, Mt. Carmel.
Harris, Andrew Jackson, Jefferson medical college, 18—, Arcadia.
Hill, R. M., university of New York, 1860, Montgomery.
Howell, William Henderson, medical college of Atlanta, 1880, Mt. Carmel.
Jackson, Edward Beatty, medical college of Alabama, 1885, Ramer.
Ligon, Thomas Branch, university of New York, 1849, Montgomery.
Mason, John C., Bellevue Hospital medical college, 1881, Orion.
McClean, Frank, university of Louisiana, 1866, Hope Hull.
McGehee, Benjamin Elsberry, Louisville medical college, 1872, Pike Road.
Mullins, James Thomas, medical college of Georgia, 1872, Ramer.
Naftel, Saint John, Vanderbilt University, 1879, Strata.
Nicholson, John Cogburn, Jefferson medical college, 1885, Mt. Meigs.
Patton, George Robert, Vanderbilt University, 1869, Montgomery.
Robinson, Dudley, medical college of Alabama, 1851, Montgomery.
Sankey, John Thomas, college not ascertained, Montgomery.
Sellers, Anthony Hamilton, medical college of South Carolina, 1882, Ramer.
Spear, Pleasant, medical college of South Carolina, 18—, Oakley.
Stone, Henry Lewis, university of Maryland, 1868, Montgomery.
Townsend, James Barnett, university of Nashville, 1879, Pine Level.
Watson, Van Buren, Kentucky school of medicine, 1880, Strata.
Whipple, Henry Lawrence, university of New York, 1844, Hope Hull.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Henry, J. Hazzard, (Homeopathist) certificate county board, 1879, Montgomery.
Landridge, J., (Homeopathist) retired, Montgomery.

Moved into the county—Charles K. Duncan, formerly of Oak Grove, and more recently of New York, to Montgomery; William George Bibb, formerly of Nashville, to Montgomery; Dunklin Pierce, formerly of Benton, to Montgomery.

None moved out; no deaths.

MORGAN COUNTY MEDICAL SOCIETY—Mobile, 1876.

President—Scott L. Roundtree, M. D., Hartsell.
Secretary—William G. Gill, M. D., Decatur.
President of the Board of Censors—Benjamin F. Cross, M. D., Decatur.
County Health Officer—Benjamin F. Cross, M. D., Decatur.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barcliff, William Anderson, university of Nashville, 1877, Hartsell.
Black, William B., certificate county board, 1877, Decatur.
Cross, Benjamin Franklin, university of Louisville, 1857, Decatur.
Cartwright, Oscar B., Vanderbilt University, 1879, Decatur.
Duncan, Henry Stallworth, university of Nashville, 1880, Trinity.
Gill, Jordan Lawson, certificate county board, 1877, Somerville.
Gill, William G., university of Louisville, 1843, Decatur.
Henry, Anslum Cicero, Memphis medical college, 1859, Hartsell.
Hunter, F. B , Vanderbilt University, 1881, Hartsell.
Minor, Lucian, medical college of South Carolina, 1849, Trinity.
Pickett, John Scott, university of Louisville, 1851, Danville.
Roundtree, Scott L., Jefferson medical college, 1858, Hartsell.
Sams, Eli M., Cincinnati medical college, 1853, Falkville.
Stephenson, Edison David, certificate county board, 1877, Danville.
Stephenson, Richard Lewis, certificate county board, 1857, Flint.
Turney, William M., university of Nashville, 1865, Falkville.
Turney, Joseph Simpson, Vanderbilt University, 1881, Hartsell.
West, Johnston Bascom, certificate county board, 1877, Cedar Plains.
Wadkins, J. S., Vanderbilt University, 1881, Flint.
Wilson, A. R., certificate county board, 1877, Apple Grove.
Young, William James, university of Nashville, 1872, Decatur.

Membership—21.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Binford, Peter, New Orleans medical college, 1861, Somerville.
Burnum, Samuel A., certificate county board, 1857, Danville.
Cook, Henry Wiley, certificate county board, 1881, Falkville.
Peek, William Washington, certificate county board, 1882, Somerville.
Ryan, Thomas L., university of Nashville, 1881, Apple Grove.
Smith, Stanhope, university of Louisville, 1847, Woodland Mills.
Smith, John W., certificate county board, ———.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Winston, David, college and system not given, Apple Grove.

The report here given is that of last year, 1885.

This society was represented at the Anniston session by one delegate and one counsellor, paid its dues, but failed in annual report.

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PERRY COUNTY MEDICAL SOCIETY—Montgomery, 1875.

President—John M. Sadler, M. D., Uniontown.
Secretary—Charles A. Wilkerson, M. D., Marion.
President of the Board of Censors—E. B. Thompson, M. D., Marion.
County Health Officer—Offa L. Shivers, M. D., Marion.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barron, William Rowan, medical college of Virginia, 18—, Marion.
Bates, Francis Asbury, university of Louisiana, 1843, Marion.
Bradfield, John, medical college of South Carolina, 1845, Uniontown.
Callier, Armistead M., non-graduate, Chadwick.
Coleman, James Waller, Jefferson medical college, 1847, Uniontown.
Downey, William Thomas, non-graduate, Marion.
Dominick, John Robert Franklin, Georgia medical college, 1871, Brush Creek.
Houston, James Hiram, university of Pennsylvania, 1848, Uniontown.
Jeffries, William Bennett, Washington University, Baltimore, 1865, Perryville.
Langhorn, John Miller, university of Pennsylvania, 1845, Uniontown.
Perry, Samuel, medical college of South Carolina, 1854, Marion.
Pou, James Rufus, medical college of South Carolina, 1854, Uniontown.
Sadler, John Milton, university of Louisiana, 1873, Uniontown.
Shivers, Offa Lunsford, university of Louisiana, 1873, Marion.
Thompson, Elias Benson, university of Louisiana, 1869, Marion.
White, Thomas Jefferson, Jefferson medical college, 1873, Uniontown.
Wilkerson, William Washington, Jefferson medical college, 1855, Marion.
Wilkerson, Charles A., university of New York, 1875, Marion.
Membership—18.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Evins, Charles A., medical college of South Carolina, 1854, Hamburg.
Foster, Robert, medical college of South Carolina, 18—, Marion.
Johnston, William Semple, medical college of South Carolina, 1859, Hamburg.
Lawrence, J. T., college not given, Pine Tuckee.
Mears, J. W. N., medical college of New York, 18—, Hamburg.
Tucker, James B., Vanderbilt University, 18—, Jerico.
Webb, Lucius DeYampert, university of New York, 1869, Scott's Station.

Mr. E. A. Mathews, of this county, passed a successful examination before the county board preliminary to the study of medicine.

Dr. F. L. Foscue, graduate of the Jefferson medical college, 1885, passed a successful examination before the county board and was admitted to practice. He has since removed to Texas.

Died—Dr. William Thomas McAllister, of Marion, graduate of the University of Virginia, 1848, of phthisis, January 13, 1886.

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PICKENS COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—Joseph Moody, M. D., Franconia.
Secretary—Samuel H. Hill, M. D., Carrollton.
President of the Board of Censors—John C. H. Jones, M. D., Stone.
County Health Officer—Samuel H. Hill, M. D., Carrollton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, James A., medical college of Alabama, 1874, Providence.
Clear, C. Columbus, medical college of Alabama, 1885, Pleasant Grove.
Curry, Robert S., medical college of Alabama, 1885, Carrollton.
Ellis, Robert A., university of Louisiana, 1871, Stone.
Hill, Samuel Feuilleteau, medical college of South Carolina, 1852, Carrollton.
Hill, Samuel Henry, university of Louisville, 1870, Carrollton.
Hill, Newton, Alabama medical college, 1879, Pickensville.
Jones, John Culbeth Hezekiah, university of Nashville, 1856, Stone.
Moody, Joseph, Louisville medical college, 1871, Franconia.
Moorehead, Henry Clay, university of Nashville, 1869, Pickensville.
McLeod, John Walter, university of Louisiana, 1882, Bethany.
Peebles, Jesse, New Orleans medical college, 1848, Stone.
Phillips, Dabney Madison, Alabama medical college, 1885, Memphis.
Phillips, James R., certificate county board, 1878, Gordo.
Rawles, Edmund Socrates, medical college of Georgia, 1855, ———.
Rickman, John W., certificate county board, 1878, Stafford.
Sterling, Samuel J., medical college of Alabama, 1861, Olney.
Membership—17.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, Duke O., certificate county board, 1878, Coal Fire.
Brandon, R. C., certificate county board, 1880, Raleigh.
Duncan, John F., medical college of Alabama, 1874, Providence.
Graham, George Madison, certificate county board, 1881, Benevola.
Hinton, William G., medical college of Georgia, 1850, Pickensville.
Price, Robert Thomas, Alabama medical college, 1874, Lubbub.
Quinn, James Madison, certificate county board, 1880, Beard.
Sanders, Thomas H., college not given, Garden.
Stringfellow, Terrell, Transylvania University, 1843, Pickensville.
Williams, Henry Lawrence, Jefferson medical college, 1853, Lineburg.

There are no irregular practitioners in the county.

Removed from the county—Dr. William Foote Hopkins, formerly of Memphis, graduate of the medical college of South Carolina, 1874, to Cooksville, Miss.; Dr. James J. Paschal, formerly of Reform, to Arkansas.

Drs. Robert S. Curry, of Carrollton, graduate of the medical college of Alabama, 1885; C. Columbus Clear, of Pleasant Grove, graduate of the

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medical college of Alabama, 1885; Newton Hill, of Pickensville, graduate of the medical college of Alabama, 1879; Dabney M. Phillips, of Memphis, graduate of the medical college of Alabama, 1885, passed successful examinations before the county board and were admitted to practice.

Died—Dr. Francis Swanzer Wier, of Pickensville, graduate of the Memphis medical college, 1852, of ascites.

PIKE COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—Gustavus Hendrick, M. D., Brundidge.
Secretary—Elchanah Gardner Ford, M. D., Troy.
President of the Board of Censors—Pugh H. Brown, M. D., Troy.
County Health Officer—Pugh H. Brown, M. D., Troy.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Beard, Josephus Simons, university of New York, 1876, Troy.
Brown, Pugh H., university of New York, 1854, Troy.
Crossley, William Andrew, medical college of South Carolina, 1854, Troy.
Carlisle, Charles Malory, certificate county board, 1878, Milo.
Ford, Elchanah Gardner, certificate county board, 1878, Troy.
Hendrick, Gustavus, Jefferson medical college, 1856, Brundidge.
Hilliard, Charles Wesley, Reform medical college, 1860, Troy.
Posey, William H., Jefferson medical college, 1853, Orion.
Sanders, William Bryan, Atlanta medical college, 1883, Milo.

Membership—9.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allred, John Park, State board medical examiners, 1878, Troy.
Collier, James Marshall, medical college Virginia, 1860, Troy.
Bean, James M., Bellevue Hospital medical college, 18—, Monticello.
Davis, Thomas J., certificate county board, 1878, Goshen Hill.
Davis, Robert Huey, certificate county board, 1878, Brundidge.
Dennis, Solomon Heydenfeldt, Graffenberg Institute, 1858, Olustee.
Eiland, William Sanders, Atlanta medical college, 1881, Henderson.
Foreman, Henry, medical college of South Carolina, 1859, Brundidge.
Hamil, Irby W., Louisville medical college, 1876, Goshen Hill.
Russell, J. T., university of New York, 18—, Troy.
Townsend, Andrew Cresswell, Jefferson medical college, 1860, China Grove.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Bledsoe, William, (botanic), certificate county board, 1880, Monticello.
Treadwell, Lucius M., (botanic), certificate county board, 1881, Troy.
Shirley, James, no authority, Linwood.

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Removed from the county—Dr. William H. Smart, Louisville medical college, 1884, from Milo, Pike county, to Clayton, Barbour county.

Dr. William H. Smart, Louisville medical college, 1884, passed an unsuccessful examination before the county board, and certficate was refused.

No deaths.

RANDOLPH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—William E. White, M. D., Roanoke.
Secretary—Powhatan G. Trent, M. D., Rock Mills.
President of the Board of Censors—Powhatan G. Trent, M. D., Rock Mills.
County Health Officer—Wyatt Heflin, M. D., Wedowee.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Blake, William H., college not given, Blake's Ferry.
Davis, Samuel John, Atlanta medical college, 1882, Rock Mills.
Gauntt, Albert Tilman, Atlanta medical college, 1878, Wedowee.
Heflin, Wilson Lumpkin, Georgia medical college, 1853, Louina.
Heflin, Wyatt, college not given, Wedowee.
Liles, Jasper David, University of Louisville, 1870, Louina.
Pool, Wyatt Heflin, Georgia medical college, 1867, Roanoke.
Taylor, Cephus Bailey, Graffenburg Institute, 1879, Rock Mills.
Trent, Powhatan Green, Jefferson medical college, 1867, Rock Mills.
Vinegard, James Leonard, certificate county board, 1879, Rock Mills.
Watts, Henry, certificate county board, 1879, Wedowee.
White, William Elbert, Transylvania University, 1840, Roanoke.
Membership—11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Crowder, Daniel G., Graffenburg Institute, 1849, certificate county board, 1879, Rock Mills.
Duke, A. W., Graffenburg Institute, 18—, Lamar.
Liles, M. D. certificate county board, 1879, Christiana.
McClendon, Edward Henry, Graffenburg Institute, 1849, certificate county board, 1879, Rock Mills.
McMannus, Michael, certificate county board, 1881, Wedowee.
White, Luther L., certificate county board, 1879, Roanoke.

The report here given is that of last year. This society was represented at the Anniston session by one delegate, paid its dues but failed in formal report.

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SHELBY COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—Wilds S. DuBose, M. D., Columbiana.
Secretary—Isaac D. Lanier, M. D., Calera.
President of the Board of Censors—Joseph Reid Morgan, M. D., Knight.
County Health Officer—James H. Gunn, M. D., Calera.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Acker, James Wilson, certificate county board, 1878, Montevallo.
Backus, Henry, certificate county board, 1851, Calera.
Davis, Ralph, Georgia medical college, 1879, Montevallo.
DuBose, Wilds Scott, Atlanta medical college, 1860, Columbiana.
Edwards, David, Georgia medical college, 1860, Wilsonville.
Fields, James Gurthrie, certificate county board, 1878, Calera.
Goodson, Jasper, certificate of Tuskaloosa county board, 1880, Longview.
Gunn, James Hamlin, Bellevue Hospital medical college, 1869, Calera.
Hawkins, Richard Nathaniel, Miami medical college, 1878, Calera.
Lanier, Isaac Dickson, Jefferson medical college, 1856, Calera.
Meredith, William Bell, Alabama medical college, 1875, Montevallo.
Morgan, Joseph Reid, university of Louisville, 1866, Knight.
Oliver, Christopher Charlton, Atlanta medical college, 1877, Calera.
Tucker, Robert Wilson, Georgia medical college, 1860, Helena.
Williams, John Harford, university of Louisville, 1875, Columbiana.
McAdams, Henry Clay, Alabama medical college, 1883, Shelby Iron Works.

Membership—16.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Singleton, William Robert, certificate of Tuskaloosa county board, 1856, Harpersville.
Weldon, George Hudson, Atlanta medical college, 1882, Weldon.
Denson, E. F., college not given, Pelham.
Geddings, Henry Downs, Charleston medical college, 1880, Shelby Iron Works.
McGraw, Allen Edwin, university of Louisiana, 1873, Harpersville.
Moore, Wylie Evans, Atlanta medical college, 1880, Bridgeton.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Armstrong, W. M., (botanic), certificate county board, 1878, Knight.
Griffin, Alpheus, (botanic), certificate county board, 1878, Helena.

Removed from the county—Drs. William R. K. Johnson, formerly of Highland, to Birmingham; John James Hamilton, formerly of Calera, to Florida, post office not given.

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Moved into the county—Drs. Jasper M. B. Johnson, to Highland ; Isaac D. Lanier, from Deatsville, Chilton county, to Calera.

Dr. E. M. F. Robinson, passed an unsuccessful examination before the county board, and a certificate was refused, residence not given.

Died—Dr. Joshua Orsley Johnson, M. D., formerly of Shelby Iron Works, graduate of the university of Louisiana, class of 1868, of cerebral paralysis.

ST. CLAIR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—Davis E. Cason, M. D., Ashville.
Secretary—Robert F. McConnell, M. D., Steele's Depot.
President of the Board of Censors—Davis E. Cason, M. D., Ashville.
County Health Officer—Robert F. McConnell, M. D., Steele's Depot.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Ash, John Winston, university of Louisiana, 1880, Springville.
Bass, John Burrell, Washington University, 1870, Ashville.
Cason, Davis Elmore, university of Nashville, 1870, Ashville.
Chandler, Edward Pendleton, certificate county board, 1867, Cropwell.
Crump, James Wells, Atlanta medical college, 1875, Steele's Depot.
McConnell, Robert Franklin, Southern medical college, 1881, Steele's Depot.
McLaughlin, James Madison, diploma of State board, 1880, Springville.
Vandegrift, Washington Franklin, university of Louisiana, 1880, Branchville.

Membership—8.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brewster, Henry H., certificate county board, 1877, Allula.
Crump, Henry G., certificate county board, 18—, Ferryville.
Cason, Jame C., Memphis medical college, 1873, Broken Arrow.
Dunlap, Perry Gabril, Vanderbilt University, 1881, Eden.
Evans, Richard P., certificate county board, 18—, Fairview.
Harrison, William W., college not given, Esonville.
Jones, George M., Jefferson medical college, 1874, Springville.
Jones, ———, college not given, Trout Creek.
McClendon, Camillius F., certificate county board, 1875, Springville.
Robinson, John B., Vanderbilt University, 18—, Springville.
Inzer, James Y., Louisville medical college, 18—, New London.

There are no irregular practitioners in the county.

No application for license to begin the study of, or to practice medicine.

No deaths.

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SUMTER COUNTY MEDICAL SOCIETY—Mobile, 1876.

President—J. G. Forster, M. D., Livingston.
Secretary—R. D. Webb, M. D., Livingston.
President of the Board of Censors—J. M. Godfrey, M. D., Sumterville.
County Health Officer—R. D. Webb, M. D., Livingston.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allison, John F., medical college of South Carolina, —, Curl's Station.
Arrington, Robert Henry, university of Louisiana, 1850, Livingston.
Brockway, Dudley Samuel, medical college of Alabama, 1878; Jefferson medical college, 1883, Coatopa.
Bourdeux, Thomas Devene, Louisville medical college, 1883, York.
Forster, James George, university of Louisiana, 1866, Livingston.
Gilmore, John Nale, certificate county board, 1878, Gaston.
Godfrey, James Myers, university of Pennsylvania, 1855, Sumterville.
Harvley, John Bunyan, medical college of Georgia, 1858, Belmont.
Henegan, Darby, medical college of South Carolina, 1858, Epes.
Henson, John McKenzie, Philadelphia medical college, 1854, Coatopa.
Houston, Jesse Crawford, New Orleans school of medicine, 1860, Belmont.
James, William Henry, certificate county board, 1878, York.
Marshall, J. B., university of Nashville, 1872, Warsaw.
Parham, John Calhoun, Kentucky school of medicine, 1877, Gainesville.
Randall, Newton Fox, Louisville medical college, 1878, Livingston.
Sledge, William Henry, Alabama medical college, 1881, Livingston.
Vaughn, Amos Lemuel, Louisville medical college, 1884, Cuba.
Ward, Henry Bascom, medical college of Alabama, 1878, Cuba.
Webb, Robert Dickens, university of Virginia, 1850, Livingston.
Young, Oliver Cromwell, Northwestern medical college, 1885, Gaston
Membership—20.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bickley, Thomas Jefferson, Vanderbilt University, 1881, Gainesville.
Cameron, M. B., medical college of Alabama, 1886, Sumterville.
Groves, A. B., university of Maryland, 1884, Warsaw.
Hale, Robert Hadden, Louisville medical college, 1879, York.
Minor, John Launcelotte, medical college of Alabama, 1883, Sumterville.
Nash, Joseph T., Louisville medical college, 1880, Livingston.
Pinson, Hammet, New Orleans school of medicine, 18—, Binnsville, Miss.
Silliman, Calvin U., university of Louisiana, 18—, Ramsey.
Washington, Warner Blair, Cincinnati medical college, 1839, Gainesville.

MEMBER ELECT.

Moore, Joseph F., Alabama medical college, 1852, Belmont.

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Epes, John W., Jefferson medical college, 1858, Epes.
Harris, R. M., Jefferson medical college, 1856, Livingston.
Moore, Alexander E., certificate county board, 18—, York.
Williams, D. H., medical college of South Carolina, 1852, Gainesville.

HONORARY MEMBERS.

Estelle, Samuel Henderson, college not given, 1847, Blount Springs.
Garber, Alexander Menzies, Transylvania University, 1835, Livingston.
Giles, James H., university of Louisville, 1857, Cuba.
Sholl, Edward Henry, medical college of Pennsylvania, 1856, Birmingham.
Smith, Carlos Green, university of Pennsylvania, 18—, Livingston.

Moved into the county—Drs. M. B. Cameron, J. L. Minor, and O. C. Young.

Removed from the county—Dr. Samuel P. Hand to Pleasant Ridge, Greene county, Ala.

Dr. O. C. Young was examined by the board of medical examiners and granted a license to practice.

No irregular practitioners in the county.

TALLADEGA COUNTY MEDICAL SOCIETY—Montgomery, 1875.

President—William T. Barclay, M. D., Talladega.
Secretary—Henry R. Boswell, M. D., Talladega.
President of the Board of Censors—Paul Gist, M. D., Talladega.
County Health Officer— —— ——.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Barclay, W. Toole, university of Nashville, 1860, Talladega.
Boswell, Henry Rives, university of Louisville, 1874, Talladega.
Dixon, John, Jefferson medical college, 1859, Fayetteville.
Donaldson, John T., medical college of South Carolina, 1867, Easta Boga.
Groce, Benton W., Georgia medical college, 1842, Munford.
Gist, Paul, Atlanta medical college, 1866, Talladega.
Harrison, John T., Atlanta medical college, 1881, Munford.
Heacock, John W., university of Louisiana, 1868, Alpine.
Hill, George A., Jefferson medical college, 1870, Sylacauga.
Johnson, Joseph H., Jefferson medical college, 1856, Talladega.
Keller, David C., medical department university of Pennsylvania, 1847, Sylacauga.
Kelly, William P., medical college of Alabama, 1882, Childersburg.
McCants, Jason S., Atlanta medical college, 1866, Talladega.

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McGehee, John, university of Louisiana, 1853, Sycamore.
Moseley, Robert A., medical college of South Carolina, 1828, Talladega.
Sims, Albert G., university of Nashville, 1869, Renfroe.
Stockton, John L., medical college of South Carolina, 1854, Talladega.
Membership—17.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Castleberry, William, college not given, Lincoln.
Foust, Samuel J., college not given, Eureka.
Gorman, Charles J., college not given, Alpine.

TALLAPOOSA COUNTY MEDICAL SOCIETY—Anniston, 1886.

President—Robert V. Salmon, M. D., Dadeville.
Secretary—James A. Goggans, M. D., Alexander City.
President of the Board of Censors— —— ———.
County Health Officer—James A. Goggans, M. D., Alexander City.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Aiken, James C., Graffenburg Institute, 18—, Walnut Hill.
Banks, Wilson L., Graffenburg Institute, 18—, Jackson's Gap.
Carleton, W. G., Vanderbilt University, 1882, Dudleyville.
Coley, Andrew Jackson, Jefferson medical college, 1880, Alexander City.
Freeman, J. S., certificate county board, 1882, Alexander City.
Goggans, James Adrian, university of New York, 1877, Alexander City.
Harlan, John J., medical college of Alabama, 18—, Hackneyville.
Johnston, John Y., Graffenburg Institute, 18—, Walnut Hill.
Lightfoot, Robert W., medical college of South Carolina, 1862, Alexander City.
Nolen, Abner J., Louisville medical college, 1880, New Site.
Pharr, Edward Miller, Vanderbilt University, 1882, Zana.
Salmon, Robert V., medical college of Alabama, 1875, Dadeville.
Shepard, J. Joseph, Graffenburg Institute, 18—, Dadeville.
Shepard, O. Tyler, Graffenburg Institute, 1860, Tohopeka.
Smith, William F., Graffenburg Institute, 1855, Reel Town.
Vines, George Washington, university of Louisiana, 1871, Dadeville.
Watkins, John M., university of Louisiana, 1871, Camp Hill.
Membership—17.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bloodworth, Hiram M., certificate county board, 1884, New Site.
Bonner, Thomas Hamilton, Southern medical college, 1885, Dadeville.
Dunson, E. W., university of New York, 1856, New Site.
Gray, Thomas M., certificate county board, 1882, Dadeville.
Hooper, John W., Jefferson medical college, 1884, New Site.

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Rowe, Andrew Thomas, medical college of Augusta, 1859, Dadeville.
Shepard, Phillip Madison, Graffenburg Institute, 18—, Dadeville.
Spier, A. A., certificate county board, 1882, Dudleyville.
Tucker, Adolphus O., certificate county board, 1882, Bulger's Mills.
Walker, George W., certificate county board, 1882, Alexander City.
Ward, Lucius C., certificate county board, 1882, Daviston,

Removed from the county—Drs. William M. Gay, of Daviston, to Chambers county; J. W. Garlington, of Camp Hill, to Georgia.

There are no irregular practitioners in the county.

There were no examinations during the year for the practice of medicine.

Mr. Howard Bell of Hackneyville, and Mr. James Pearson of Alexander City, passed successful examinations before the county board preliminary to the study of medicine.

Deaths—Dr. John F. Shepard, graduate of Graffenburg Institute, 18— of consumption.

TUSCALOOSA COUNTY MEDICAL SOCIETY—Birmingham, 1877.

President—Robert Neilson, M. D., North Port.
Secretary—James Lewis Williamson, M. D., North Port.
President of the Board of Censors—Peter Bryce, M. D., Tascaloosa.
County Health Officer—William A. Cochrane, M. D., Tuscaloosa.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allen, A. Sidney, medical college of Alabama, 1871, Cottondale.
Beatty, Douglas Pearson, University of New York, 1857, Tuscaloosa.
Bondurant, Eugene, university of Virginia, 1883, Tuscaloosa.
Bryce, Peter, university of New York, 1859, Tuscaloosa.
Caffee, Samuel R., Missouri medical college, 1881, Coaling.
Cochrane, William A., university of Pennsylvania, 1839, Tuscaloosa.
Foster, David L., Jefferson medical college, 1857, Tuscaloosa.
Guild, James, Jefferson medical college, 1855, Tuscaloosa.
Hester, William, university of New York, 1867, Tuscaloosa.
Little, John, Jr., university of Louisiana, 1867, Tuscaloosa.
Little, James, Atlanta medical college, 1876, Tuscaloosa.
Lucius, Richard DeKalb, medical college of Alabama, 1871, Hickman.
Marlow, Nicholas P., Jefferson medical college, 1859, Tuscaloosa.
Neilson, Robert, Georgia medical college, 1854, North Port.
Nichols, Andrew Barry Crook, Philadelphia University of medicine, 1869, Sylvan.
Read, John B., university of Louisiana, 1846, Tuscaloosa.
Searcy, Reuben, Transylvania University, 1832, Tuscaloosa.

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Searcy, James Thomas, university of New York, 1867, Tuscaloosa.
Sims, Frank, Herndon, Southern medical college, 1883, Tuscaloosa.
Shockley, ——, Alabama medical college, 1880, North Port.
Trigg, Arthur Warren, Alabama medical college, 1881, Tuscaloosa.
Trimm, James, medical college of Alabama, 1881, North Port.
Williamson, James Lewis, medical college of Alabama, 1881, North Port.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Gibson, R. F., Transylvania University, North Port.
Shipp, Marcellus, Alabama medical college, 18—, North Port.

NON-GRADUATE PRACTITIONERS.

Caldwell, W. J., certificate county board, 1884, Hull's Station.
Clements, Alsey, certificate county board. 1878, Cottondale.
Crump, William, certificate county board, 1879, Marcumville.
Elrod, W. W., certificate county board, 1878, Sipsey Turnpike.
Gregory, C. C., certificate county board, 1877, Romulus.
McCord, C. R., certificate county board, 1880, Marcumville.
Thompson, J. W., certificate county board, 1876, Tuscaloosa.

There are no irregular practitioners in the county.

Mr. John W. Banks made application before the county board for examination preliminary to the study of medicine, and certificate was granted.

Removed from the county—Drs. Benjamin Leon Wyman, to Birmingham; P. H. Dillard, formerly of Cottondale, to Bibb county, post-office not given.

WALKER COUNTY MEDICAL SOCIETY—Mobile, 1876.

President—W. C. Rosamond, M. D., Jasper.
Secretary—A. M. Stovall, M. D., Jasper.
President of the Board of Censors—Joseph A. Goodwin. M. D., Jasper.
County Health Officer—William L. Gravelee, M. D., York.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Camack, David H., certificate of the Walker county board, 1872; certificate of the Walker county board, 1881, Eldridge.
Cunningham, William M., Vanderbilt University, 1884; certificate of Walker county board, 1884, Corona.
Goodwin, Joseph A., Alabama medical college, 1874; certificate of Walker county board, 1881, Jasper.
Gravelee, William L., Vanderbilt University, 1882; certificate of Walker county board, 1882, York.

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Griffin, Richard P., certificate of Walker county board, 1872-1881, York.
Guilder, James L., college not given; certificate of Walker county board, 1881, Eldridge.
Hendon, Albert L., certificate of Walker county board, 1875-1881, Holly Grove.
Hays, James S., certificate of Walker county board, 1878-1881, Cordova.
Manasco, John, certificate of Walker county board, 1879-1881, Loss Creek.
Rosamond, William C., certificate of Tuskaloosa county board, 1885; and certificate of Walker county board, 1851; Jasper.
Membership—11.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, William, Baltimore medical college, 1881; certificate of Fayette county board, 1884; Corona.
James, E. P., medical college of Virginia, 18—; certificate of Calhoun county board, 1882, Patton.
Wilber, John M., Vanderbilt University, 1885; certificate of Walker county board, 1885, Cordova.
Staggs, John B., Vanderbilt University, 1885; certificate of Walker county board, 1885, Gravelton.

IRREGULAR PRACTITIONERS IN THE COUNTY.

Gibson, J. D., certificate of Tuscaloosa county board, 1885, York.

Drs. T. P. Dewees, graduate of Vanderbilt University, class of 1884; John M. Miller, graduate of Vanderbilt University, class of 1885, and John B. Staggs, graduate of Vanderbilt University, class of 1885, passed successful examinations before the county board, and were admitted to practice.

No application preliminary to the study of medicine.

Removed from the county—Dr. A. B. Phillips, greduate of Vanderbilt University, class of 1883, formerly of Arkedelphia, this county, to North Creek, Arkansas.

Died—L. C. Miller, M. D., of Holley Grove.

WILCOX COUNTY MEDICAL SOCIETY—Eufaula, 1878.

President—Alexander C. Matheson, M. D., Camden.
Secretary—Edmond D. McDaniel, M. D., Camden.
President of the Board of Censors—Alexander C. Matheson, M. D., Camden.
County Health Officer—Luckie W. Jenkins, M. D., Camden.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, William Henry, medical college of Alabama, 1875, Sedan.
Adams, David, medical college of Georgia, 1863, Pine Apple.

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Crum, Floyd Edward, university of Louisiana, 1873, Dumas' Store.
Curtis, Alfonzo Bittle, medical college of Alabama, 1882, Lower Peach Tree.
Curtis, Christopher Columbus, medical college of Alabama, 18--, Lower Peach Tree.
Dansby, John Quincy, medical college of Alabama, 1874, Rehoboth.
Gaston, David Finis, university of Louisiana, 1882, Boiling Springs.
Godbold, J. C., college not given, 18--, ———.
Haddox, William Thomas, university of Louisiana, 1858, Clifton.
Harris, Albert Duggett, medical college of South Carolina, 1857, Allenton.
Jenkins, Luckie Walker, university of Louisiana, 1849, Camden.
Jenkins, Thomas Griffin, university of Louisiana, 1849, Camden.
Jones, Capers Capehart, Philadelphia University of medicine and surgery, 1870, Furman.
Jones, John Paul, New Orleans school of medicine, 1861, Camden.
Lee, Thomas, medical college of South Carolina, 1857, Snow Hill.
McDaniel, Edward Davies, medical college of South Carolina, 1857, Camden.
Purnell, William Thomas, Atlanta medical college, 1876, Prairie Bluff.
Purifoy, John Harrod, Jefferson medical college, 1859, Furman.
Southall, Robert Gordon, Jr., medical college of Alabama, 1883, State Line, Mississippi.
Watson, W. B., college not given, Furman.

Membership—20.

Died, since this report was rendered—Alexander Church Matheson, M. D., graduate of the medical college of South Carolina, class of 1842, resident at Camden.—SECRETARY.

APPENDIX.

Names of regular physicians living in counties where no medical society exists. These are here given for convenient reference.

THE COUNTY OF CHEROKEE.

Dr. Pratt, ———, Centre.
" Savage, Frank, Plano.
" Slack, J. C., Oak Hill.
" Treadwell, William, Maple Grove.

THE COUNTY OF CLAY.

Dr. Bryant, T. J., Pinckneyville.
" Northen, ———, Ashland.
" Owen, Wesley, Bluff Springs.
" Radford, G. C., Emucfaw.

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THE COUNTY OF COVINGTON.

Dr. Hunter, William Allen, university of Maryland, 1858, Red Level.
" Kendrick, James Evans, medical college of Alabama, 1870, Leon.
" Pendry, John Francis, medical college of Alabama, 1880, Rose Hill.

THE COUNTY OF DALE.

Dr. Bottoms, James, Ozark.
" Davie, ——, Ozark.
" Ford, ——, Newton.
" Holman, J. C., Ozark.
" Hunt, David C., Echo.
" Jones, William L., Ozark.
" Lee, W. J., Haw Ridge.
" McLeod, A. S., Daleville.
" Payne, J. W., Beaver Creek.
" Reynolds, ——, Skipperville.
" Seglar, A. F., Barnes' Cross Roads.
" Simpson, Henry J., Newton.
" Stegall, W. C., Clopton.
" Stovall, John, Clopton.
" Treadwell, William A., Nicksburg.

THE COUNTY OF FRANKLIN.

Dr. Banks, ——, Newberg.
" Bennett, ——, Pleasant Site.
" Clark, J. K., Russellville.
" Clear, William, Belgreen.
" Desprez, Louis W., Russellville.
" Harris, John; Russellville.
" Mahone, Sr., Belgreen.
" Mahone, Jr., Belgreen.
" Sevier, D. V., Russellville.
" Sevier, S. G., Belgreen.
" White, ——, Burleson.
Mr. Clark, John H., Jr., first course student, Newburg.
" Jones, T. S., first course student, Russellville.

THE COUNTY OF LAUDERDALE.

Dr. Arnold, L. W., Oakland.
" Cross, S. E., Centre Star.
" Douglass, J. A., Centre Star.
" Frierson, J. G., Woodland.
" Harris, W. C., Lexington.
" Henderson, A. H., Bailey Springs.

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Dr. Johnson, Stephen, Rawhide.
" Jones, Emmett, Florence.
" Kernachan, W. J., Florence.
" Kennedy, H. R., Green Hill.
" Moody, H. R., Bailey Springs.
" Morgan, J. T., Florence.
" Oliver, A. O., Rodgersville.
" Pate, J. A., Rodgersville.
" Powers, A. H., Waterloo.
" Price, P. J., Bailey Springs.
" Price, W. M., Florence.
" Ray, H. L., Oakland.
" Stewart, James W., Florence.
" Sullivan, O. B., Waterloo.

THE COUNTY OF MARION.

Dr. Russell, J. L., Nashville medical college, 1858, Pearce's Mills.
" Sargeant, Oscar, Vanderbilt University, 1880, Hamilton.
" Thompson, R. W., Chicago medical college, 1868, Ur.

THE COUNTY OF RUSSELL.

Dr. Allen, B. M., Atlanta medical college, 18—, Jernigan.
" Harris, ———, Crawford.
" Hunter, A. M., college of Physicians and Surgeons, Baltimore, 18—, Glennville.
" Ingram, Joseph, university of Louisiana, N. O., Hatchechubbee.
" O'Neal, J. K., Marvyn.
" Paschall, G. D., Hurtsboro.
" Phillips, L. W., Crawford.
" Scaife, Richard, Hurtsboro.
" Scaife, W. L., Hurtsboro.
" Smith, R. A., university of New York, 18—, Hatchechubbee.
" Whitaker, W. C., Oswichee.
" Williams, C. L., Atlanta medical college and Bellevue Hospital medical college, 1867, Seale.
" Williams, Z. T., college of Physicians and Surgeons, Baltimore, Glennville.
" Woolridge, J. M., Marvyn.

THE COUNTY OF WINSTON.

Dr. Adkins, W. R., ———.
" Carroll, David, ———.
" Ford, D. B., ———.
" Marcella, S. P., Double Springs.
" Wilson, W. E. S., ———.

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ROLL OF THE GRAND SENIOR COUNSELLORS.

REVISION OF 1886.

Bryce, Peter, Tuskaloosa, Tuskaloosa county.....1873
Cochrane, Jerome, Mobile, Mobile county.....1873
Dement, John Jefferson, Huntsville, Madison county.....1873
Furniss, John Perkins, Selma, Dallas county.....1876
Gaston, John Brown, Montgomery, Montgomery county.....1875
Godfrey, James Myers, Sumterville, Sumter county.....1873
Hogan, Samuel Mardis, Union Springs, Bullock county.....1875
Jackson, Robert Dandridge, Summerfield, Dallas county.....1873
Jackson, Walter Clarke, Montgomery, Montgomery county.....1873
Johnston, William Henry, Birmingham, Jefferson county.....1875
Jordan, Mortimer Harvey, Birmingham, Jefferson county.....1873
Ketchum, George Augustus, Mobile, Mobile county.....1873
McDaniel, Edward Davies, Camden, Wilcox county.....1873
McKinnon, John Alexander, Selma, Dallas county.....1876
McKittrick, Adam Alexander, Evergreen, Conecuh county.....1873
Michel, Richard Fraser, Montgomery, Montgomery county.....1873
Parke, Clifford Daniel, Selma, Dallas county.....1875
Pritchett, John Albert, Hayneville, Lowndes county.....1876
Reese, Augustus Jordan, Mobile, Mobile county.....1873
Riggs, Benjamin Hogan, Selma, Dallas county.....1873
Seelye, Samuel Dibble, Montgomery, Montgomery county.....1875
Starr, Lucius Ernest, Camden, Wilcox county.....1874
Weatherly, Job Sobieski, Montgomery, Montgomery county.....1873
Webb, Robert Dickens, Livingston, Sumter county.....1873

THE SENIOR COUNSELLORS.

Baldridge, Milton Columbus, Huntsville, Madison county.....1878
Barclay, James Paxton, Eutaw, Greene county.....1880
Brown, Pugh H., Troy, Pike county.....1880
Cason, Davis Elmore, Ashville, St. Clair county.....1880
Cross, Benjamin Franklin, Decatur, Morgan county.....1879
DuBose, Wilds Scott, Columbiana, Shelby county.....1881
Fletcher, Richard Mathew, Madison Station, Madison county.....1881
Gaines, Vivian Pendleton, Mobile, Mobile county.....1879
Hayes, Robert Hughes, Union Springs, Bullock county.....1880
Hendrick, Gustavus, Brundidge, Pike county.....1881
Heustis, James Fountain, Mobile, Mobile county.....1881
Herbert, Curtis Burk, Greenville, Butler county.....1879

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Hoffman, John Richardson, Athens, Limestone county.....1879
Hopping, Daniel Stiles, Letohatchie, Lowndes county.....1877
Jones, Capers Capehart, Furman, Wilcox county..... 1881
Kendrick, William Tomlinson, Oaky Streak, Butler county.....1881
Means, Thomas Alexander, Montgomery, Montgomery county..... ..1878
Mitchell, William Augustus, Eufaula, Barbour county... 1878
Mushat, John Patrick, Hayneville, Lowndes county 1881
Peterson, Francis Marion, Greensboro, Hale county.... 1880
Phillips, William Crawford, Selma, Dallas county..... . ..1879
Prince, Francis Marion, Jonesboro, Jefferson county 1877
Purnell, William Thomas, Prairie Bluff, Wilcox county..... 1879
Robertson, Thaddeus Lindlay, Oxford, Calhoun county.....1881
Rorex, James Polk, Scottsboro, Jackson county. 1880
Sanders, William Henry, Mobile, Mobile county.....1878
Sears, John William, Birmingham, Jefferson county.....1877
Sholl, Edward Henry, Birmingham, Jefferson county 1880
Thetford, William Fletcher, Boligee, Greene county.....1881
Thigpen, Job, Greenville, Butler county..... 1879
Thomas, James Grey, Mobile, Mobile county... 1880
Wall, Conrad, Forest Home, Butler county..... ... .1880
Wright, Milton Roil, Gadsden, Etowah county..... 1880

JUNIOR COUNSELLORS.

Bowie, Andrew, Benton, Lowndes county..... 1883
Bragg, Shirley, Lowndesboro, Lowndes county.....1885
Brockway, Dudley Samuel, Coatopa, Sumter county.... ... .1882
Cross, William Cyprian, Centreville, Bibb county.....1882
Emory, Aurelius Grigsby, Opelika, Lee county.... 1883
Franklin, Charles Higgs, Union Springs, Bullock county.....1882
Goggans, James Adrian, Alexander City, Tallapoosa county.....1883
Goodwin, Albert, Eufaula, Barbour county..... 1885
Goodwin, Joseph Anderson, Jasper, Walker county. 1882
Gordon, Frederick Elliott, Mobile, Mobile county 1883
Gunn, James Hamlin, Calera, Shelby county. 1884
Hill, Samuel Henry, Carrollton, Pickens county..... 1882
Holt, Simon Augustus, Eufaula, Barbour county. ... .1883
Huger, Richard Proctor, Anniston, Calhoun county.....1884
Huggins, Jacob, Newbern, Hale county..... 1884
Inge, William Tutwiler, Mobile, Mobile county. ... .1885
Jay, Andrew, Evergreen, Conecuh county.....1882
Jones. John Paul, Camden, Wilcox county.....1884
Kendrick, Joel Cloud, Greenville, Butler county.....1882
Kendrick, Joel Beder, Greenville, Butler county.... 1885
King, Goldsby, Selma, Dallas county ..... .1884
Lowery, Samuel Henry, Huntsville, Madison county..... 1885
Luckie, James Buchner, Birmingham, Jefferson county.....1882

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Moody, Joseph, Bridgeville, Pickens county.....1882
Nicholson, Edward Pierson, Valley Head, DeKalb county.....1885
Norris, George Calvin, Wadsworth, Autauga county.....1885
Pearce, John Washington, Oxford, Calhoun county.....1883
Searcy, James Thomas, Tuskaloosa, Tuskaloosa county.....1884
Shivers, Oscar Lunsford, Marion, Perry county.....1882
Sledge, William Henry, Livingston, Sumter county.....1882
Smith, Daniel Edgarly, Mobile, Mobile county.....1882
Stovall, Andrew McAdams, Jasper, Walker county.....1882
Tipton, Frank, Selma, Dallas county.....1882
Trent, Powhatan Green, Rock Mills, Randolph county.....1884
Ward, Henry Bascom, Cuba, Sumter county.....1883
Whelan, Charles, Birmingham, Jefferson county.....1885
Wilkerson, Wooten Moore, Montgomery, Montgomery county.....1883

COUNSELLORS ELECT.

Baldwin, Benjamin James, Montgomery, Montgomery county.
Harrison, John Tinsley, Mumford, Talladega county.
Luckie, James Buchner, Birmingham, Jefferson county.
Nolen, Abner Jackson, New Site, Tallapoosa county.
Rushing, Francis Marion, Elba, Coffee county.
Sadler, John Milton, Uniontown, Perry county.
Whaley, Lewis, Blountsville, Blount county.
Wilkinson, James Anthony, Flomaton, Escambia county.

Grand Senior Counsellors.....24
Senior Counsellors.....33
Junior Counsellors.....37
Counsellors Elect.....8— 101

THE ROLL OF CORRESPONDENTS.

REVISION OF 1886.

Anderson, William Henry, M. D., Mobile, Alabama.....1885
Bizzell, William David, M. D., Atlanta, Georgia.....1881
Coleman, Ruffin, M. D., Clarksville, Mississippi.....1879
Garnett, A. F., M. D., Hot Springs, Arkansas.....1875
Kumpe, George Ernest, M. D., Leighton, Ala.....1884
Lynch, John F., M. D., Baltimore, Maryland.....1874
Moses, Gratz A., M. D., St. Louis, Missouri.....1874
Osborn, Thomas Childress, M. D., Cleburne, Texas.....1885
Phillips, N. D., M. D., Gainesville, Florida.....1876
Richardson, Nicholas Davis, M. D., Nashville, Tennessee.....1882
Summers, Thomas O., M. D., Jacksonville, Florida.....1875
Toxey, Caleb, M. D., Mobile, Alabama.....1885

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THE ROLL OF THE OFFICERS.

REVISION OF 1886.

PRESIDENT.

SAMUEL DIBBLE SEELYE, M. D. ..... Montgomery.

VICE-PRESIDENTS.

THADDEUS LINDLAY ROBERTSON, M. D., (for two years) ..... Oxford.
LUCIUS ERNEST STARR, M. D., (for one year) ..... Camden.

SECRETARY.

THOAMS ALEXANDER MEANS, M. D. ..... Montgomery.
(Re-elected at the Birmingham Session, 1883.)

TREASURER.

WALTER CLARKE JACKSON, M. D. ..... Montgomery.
(Re-elected at the Birmingham Session.)

THE BOARD OF CENSORS AND COMMITTEE OF PUBLIC HEALTH.

Charles Higgs Franklin, Union Springs	time ends	1891
William Henry Sanders, Mobile	" "	1891
John Jefferson Dement, Huntsville	" "	1890
George Augustus Ketchum, Mobile	" "	1890
Peter Bryce, Tuskaloosa	" "	1889
William Henry Johnston, Birmingham	" "	1889
Jerome Cochran (Senior Censor), Mobile	" "	1888
Benjamin Hogan Riggs, Selma	" "	1888
Job Sobieski Weatherly, Montgomery	" "	1887
John Richardson Hoffman, Athens	" "	1887

ORATOR.

RICHARD PROCTOR HUGER, M. D. ..... Anniston.

ALTERNATE ORATOR.

WILLIAM TUTWILER INGE, M. D. ..... Mobile.

STATE HEALTH OFFICER.

JEROME COCHRAN, M. D. ..... Mobile.
(Official residence, Montgomery, Alabama).

PLACE OF MEETING—TUSKALOOSA.

Time of meeting, second Tuesday in April, 1887.

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THE SCHEDULE OF THE REGULAR REPORTERS.

SESSION OF 1886.

JEROME COCHRAN, M. D., Mobile—
The Value of Vital and Mortuary Statistics.

EDWARD P. EARLE, M. D., Birmingham—
Indigeston.

WILLIAM HENRY JOHNSTON, M. D., Birmingham—
Water as a Curative Agent.

JOEL CLOUD KENDRICK, M. D., Greenville—
Uterine Hemorrhage.

FRANK TIPTON, M. D., Selma—
The Opiate Treatment of Dysentery, and its Comparative Results in the Epidemic of 1886.

WOOTEN MOORE, WILKINSON, M. D., Montgomery—
Antipyretics.

PETER BRYCE, M. D., Tuskaloosa—
Superintendent of the Insane Hospital at Tuskaloosa, will give a Clinic Illustrating Several Phases of Mental Disease.

DR. JAMES THOMAS SEARCY, M. D., Tuscaloosa—
Leader of the Omnibus Discussion.

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SCHEDULE OF THE ANNUAL SESSIONS SINCE THE REORGANIZATION IN 1868.

1868.....Selma—Albert Gallatin Mabry.....1868
1869.....Mobile—Albert Gallatin Mabry.....1869
1870.....Montgomery—Richard Fraser Michel.....1870
1871.....Mobile—Francis Armstrong Ross.....1871
1872.....Huntsville—Thomas Childress Osborn.....1872
1873.....Tuskaloosa—George Ernest Kumpe.....1873
1874.....Selma—George Augustus Ketchum.....1874
1875.....Montgomery—Job Sobieski Weatherly.....1875
1876.....Mobile—John Jefferson Dement.....1876
1877.....Birmingham—Edward Davies McDaniel.....1877
1878.....Eufaula—Peter Bryce.....1878
1879.....Selma—Robert Dickens Webb.....1879
1880.....Huntsville—Edmund Pendleton Gaines.....1880
1881.....Montgomery—William Henry Anderson.....1881
1882.....Mobile—John Brown Gaston.....1882
1883.....Birmingham—Clifford Daniel Parke.....1883
1884.....Selma—Mortimer Harvey Jordan.....1884
1885.....Greenville—Benjamin Hogan Riggs.....1885
1886.....Anniston—Frances Marion Peterson.....1886

THE SCHEDULE OF THE ANNUAL ORATORS.

1869.....John Brown Gaston—Mobile session.....1869
1870.....George Augustus Ketchum—Montgomery session.....1870
1871.....William Henry Anderson—Mobile session.....1871
1872.....Job Sobieski Weatherly—Huntsville session.....1872
1873.....Mortimer Harvey Jordan—Tuskaloosa session.....1873
1874.....Samuel Dibble Seelye—Selma session.....1874
1875.....George Augustus Ketchum—Montgomery session.....1875
1876.....Richard Fraser Michel—Mobile session.....1876
1877.....Edmund Henry Fournier—Birmingham session.....1877
1878.....Benjamin Hogan Riggs—Eufaula session.....1878
1879.....William Augustus Mitchell—Selma session.....1879
1880.....Paul DeLacy Baker—Huntsville session.....1880
1881.....Milton Columbus Baldridge—Montgomery session.....1881
1882.....Peter Bryce—Mobile session.....1882
1883.....Edward Henry Sholl—Birmingham session.....1883
1884.....William Henry Sanders—Selma session.....1884
1885.....James Thomas Searcy—Greenville session.....1885
1886.....No oration delivered—Anniston session.....1886

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THE OBITUARY RECORD.

BARBOUR COUNTY—Egbert Beall Johnson, M. D., of Eufaula, graduate of the medical college of South Carolina, class of 1885, of paralysis, March 3, 1886.

Warren Monroe, M. D., of Clayton, graduate of the university of Louisiana, of erysipelas, February 17, 1886.

BUTLER COUNTY—J. A. Baldwin, M. D., of Georgiana, graduate of the Atlanta medical college, class of 1854.

CONECUH COUNTY—John L. Shaw, M. D , of Belleville, graduate of the university of Louisville, 1840, of intestinal obstruction, October, 1885.

CRENSHAW COUNTY—N. B. Barnett, M. D., of Argus, graduate of the Atlanta medical college, class of 1886, of alcoholism.

DALLAS COUNTY—Clifford Daniel Parke, M. D., of Selma, graduate of the Jefferson medical college, 1850, and grand senior counsellor of this Association.

FAYETTE COUNTY—William Rufus Willingham, M. D., graduate of the university of Tennessee, 1880.

JEFFERSON COUNTY—Henry Thomas Heard, M. D., of Birmingham, graduate of the Georgia medical college, class of 1857, of angina pectoris.

LEE COUNTY—Joseph Blaylock Barnett, M. D., of Opelika, graduate of the medical department of the university of the city of New York, June 8, 1885.

MOBILE COUNTY—Walter Overall, M. D., of Mobile.

PERRY COUNTY—William Thomas McAllister, M. D., of Marion, graduate of the university of Virginia, class of 1848, of phthisis, January 13, 1886.

PICKENS COUNTY—Francis Swanzier Wier, M. D., of Pickensville, graduate of the Memphis medical college, class of 1852, of ascites.

SHELBY COUNTY—Joshua Orsley Johnson, of Shelby Iron Works, graduate of the university of Louisiana, class of 1858, of cerebral paralysis.

TALLAPOOSA COUNTY—John F. Shepard, M. D., of Dadeville, graduate of the Graffenburg medical college, 18—, of consumption.

WILCOX COUNTY—Alexander Church Matheson, M. D., of Camden, graduate of the medical college of South Carolina, class of 1842.

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THE APPENDIX

OF

MEDICAL & SANITARY DISSERTATIONS

AND REPORTS.

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INDIGENOUS REMEDIES NOT IN GENERAL USE BY THE PROFESSION.

BY PUGH H. BROWN, M. D., OF TROY,

Ex-Vice President and Senior Counsellor of the Medical Association of the State of Alabama.

I propose calling your attention this morning to a few indigenous remedies of value, not in general use by the profession. First, chionanthus virginica, commonly known as grey beard, white or poison ash, and fringe tree from the peculiar character of the white blooms, which it bears in great profusion. It is a small ornamental tree growing from ten to twenty feet high, and found throughout the southern states. Its habitat are the rich hill-sides, and creek or river bottoms. The part used in medicine is the bark of the root; and the most convenient form of preparation is a saturated tincture, the dose of which is from a half to two drachms. This agent acts upon the entire glandular system. In large doses it increases the flow of saliva, bile and urine, at the same time showing a special affinity for the liver. I have used this remedy in varied pathological conditions in jaundice, bilious dyspepsia, bilious or sick headache, chronic chills, and in certain uterine affections with marked satisfaction. But it is as a remedy for jaundice that I desire specially to call attention to its therapeutic value. I have used it in simple and in serious cases, in sporadic and epidemic cases, complicated with gall stones, and as it occasionally occurs in pregnant women. From an experience of years in its use, I have learned to rely upon it as implicitly in the treatment of the conditions

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indicated as we do upon quinine for chills, or morphine for the relief of pain.

Your attention is next called to sour wood, a tree growing in all portions of the south. This remedy I have been using for years, but after diligent search I have not been able to find one word written concerning its therapeutic use, nor even its botanic signification. It has been in use many years as a domestic remedy in dropsical conditions of the system. Fortunately I witnessed its therapeutic value in a case of anasarca depending upon anemia that had proven rebellious to ordinary treatment. I considered it worthy of investigation, and in order that the investigation might be properly and profitably made, it was necessary to determine upon what portion of the system, and in what manner it operated. After watching its effects closely during its administration in several cases, I decided that its action was upon and through the nervous system, and that its office as a therapeutic agent was to improve nervous enervation, and especially that portion of the nervous system that presides over digestion, nutrition, and assimilation. Take, for instance, an anemic child, one that is colorless, with bloated face and distended abdomen, dyspnœa appearing on the slightest exertion, with temperature and pulse over a hundred, and you have a typical case of what was once called a "dirt or trash eater." Give this child a free purge and put it upon iron; for a few days it seems to improve, then its stomach rebels at the ferruginous tonic, and you are forced to change the treatment. Combine the iron with extract of sour wood, and the stomach not only tolerates it, but demands more iron and a generous diet, thereby enriching the blood. Roses come upon the cheek, the anasarca disappears, and the little one no longer mopes listlessly about the house, but is ready for the games suited to its age.

In 1883 Dr. Holt, of Eufaula, called my attention to its therapeutic value in asthma. Having a patient who, for twenty years, had been a great sufferer with that disease, and who was heartily sick of lobelia and morphine for the

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paroxysms and iodide of potash for the intervals, I put him upon the saturated tincture of the bark of sour wood, and though more than two years have elapsed since he commenced its use, I have not been called to him during an attack, and he informs me that he sleeps uniformly throughout the night without disturbance from the disease, a thing that he had not done for twenty years prior to the use of this remedy.

Chancellor F., an asthmatic, took cold on his way to court in our city last spring and suffered so much from a difficulty in breathing, he was apprehensive that he would not be able to hold his court. Five grains of the solid extract of sour wood was given him every two hours, and in a very short time he was entirely relieved.

In hay asthma its use has been attended with marked benefit. When the temperature registers over one hundred I invariably combine it with aconite. While I am not prepared to say that it will cure hay fever in any instance, I have used it with much more satisfaction than any other remedy, and I administer it with an absolute certainty of ameliorating promptly the most urgent symptoms.

Capt. B. suffers yearly with hay fever, which expends its force upon the schneiderian and conjunctival membranes. At my suggestion he took five grains of the extract every three hours for one day, and reported next morning that he was entirely relieved from the terrible paroxysms of sneezing and lachrymation from which he suffered before taking it. Upon thorough investigation it was ascertained that five grains would exempt him from an attack for six hours; and by taking it in this way he was enabled to continue at his business in comparative comfort until an entire cure was effected.

Your attention is next called to hydrangea arborescens or seven barks, which was first brought into notice as a therapeutic agent by Dr. Butler. He claimed for it the power of dissolving urinary calculi. While it will not do this it does act as a prophylactic, preventing the presence of renal

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calculi by breaking up the condition or habit upon which their formation depends, thus avoiding the recurrence of those terrible attacks of kidney colic to which some people are so liable. I have used it in more than a dozen cases within the last few years, and it has not failed me in a single instance.

Your attention is next invited to onosmodium virgianum —false gromwell—known as gravel weed. This remedy is highly beneficial in chronic bladder troubles, and is especially serviceable in enlarged prostate, that condition so nearly universal in old men, when the desire to urinate is frequent and urgent and the effort so unsatisfactory. I have used it with much satisfaction in chronic urethritis of a specific character, when the inflammation has extended to the prostate and neck of the bladder.

Lastly, I desire to bring to your notice the white plantain, that modest little plant which has followed the footsteps of man for ages, and which may be found at any season of the year upon abandoned lands and by the wayside. This remedy I have only used in bowel troubles. During last summer I made free use of it in an epidemic of dysentery, and was pleased with its action. Several cases I treated with this remedy alone, after the administration of a free cathartic. In intestinal catarrh, however, its best results were obtained. In the hot months following the epidemic of dysentery mentioned, we had many cases of bowel affections in children from one month to three years old, and I am satisfied that I effected more real good with this simple remedy than with all others. So far I have used it in the form of an infusion, given in milk and water every hour while awake until the subsidence of the disease.

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PRACTICAL EXPERIENCE IN TYPHOID FEVER AS IT OCCURS IN ALABAMA.

BY FRANK PRINCE, M. D., OF JONESBORO,

Ex-Vice President and Senior Counsellor of the Medical Association of the State of Alabama.

An honest opinion is the outgrowth of facts and knowledge, either obtained from a foreign source, or home surroundings, and is entitled to investigation no matter how erroneous it may seem to others. Man is a peculiar animal, has individually his peculiar way of seeing, hearing, thinking, and on this his acting more or less depends; and while we differ in taste, in morals, and appreciation, why may we not differ intellectually without being compromised in the eyes of another.

When Harvey advanced his theory of the circulation of the blood, he was called a fool; and in the days of Aristotle astronomers held the position that all the planets, sun not excepted, revolved around the earth, and the sun, in its Biblical sense, was created alone to give light by day, and the moon by night. The main thought of this theory was impressed upon Copernicus, that of revolution; and he advanced the theory that rules at the present day—That the sun was fixed, and the earth and all the other planets revolved around it, and for this, Martin Luther said of him, "the old fool wants to turn the world upside down; the Bible tells us Joshua commanded the sun to stand still and it obeyed." One generation evolves facts, or points for the development of facts for the generation that is to follow.

My subject carries me back over a journey of thirty-seven

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years, and if on it I have gathered any flowers by the wayside, you are welcome to them to-day.

Typhoid fever is a disease peculiar to no clime, section or locality, being found upon the highest hills, and lowest vales where a human being can dwell. In the mountains it is often seen as a visitor, and as often in the swamps, where the ague loves to revel. In the newest countries, as well as in the oldest; in the forest covered, as well as in the land divested of timber. It was once thought that it had respect for the oldest and youngest person, and never attacked them; but there are years, and peculiar localities where these seem to be its choicest victims, as was the case with us in 1883. But between the ages of ten and thirty years more cases occur than at any other period of life. It does not always show itself under the same guise. It may come on suddenly, and then the danger is less, or slowly and insidiously, and then the form of fever is more violent. And under three slightly differing forms have I seen it, at the same time, in the same section of country, but on different subjects.

As a matter of convenience to myself I have divided it into three grades as follows:

Typhoid Mitior;

Constipated Typhoid Fever; and

Typhoid Gravior.

The symptoms that manifest themselves in typhoid mitior are, headhache—sometimes bleeding at the nose with flushed face—a sense of weariness; bowels sore and tender upon pressure, swollen and relaxed; skin tight over the abdomen; palms of the hands dry and rough; pulse with a cramped beat, 100 to 120 per minute; temperature 100° to 102°; listless, somewhat indifferent to what is passing around him, but will answer correctly when spoken to; will put out his tongue when told to do so, but often has to be told "that will do," or to take it back; tongue, sometimes, tremulous, dry-pointed with red edges, with light coat to the front, dark brown centre, getting darker towards the fauces.

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And, then, at other times, it fills the mouth with tooth marks upon it; slightly dry, hacking cough from beginning of attack; eruptions at or near the umbilicus. These symptoms often continue until the 27th day, when the fever disappears.

But in a mountainous region of country, in addition, there are symptoms of intermittent type that might mislead, but in every case the true typhoid symptoms are never wanting, and as the case progresses, these override all others, and the intermittents are all lost, or absorbed in the more violent form of fever.

All cases of typhoid fever have not the same peculiar symptoms, but there is considerable diversity of symptoms, more or less so as there are differences in constitutions, atmospheric influences and locality. In constipated typhoid fever, most commonly the premonitory symptoms are protracted for some days. The patient feels unwell, with lassitude, yawing, loss of appetite; lies upon his back, knees drawn up. The pulse is hard, corded, ranging from 110 to 130; ringing in the ears, dark spots floating before the eyes. The tongue is sometimes large, full and pale, with tooth marks upon it, then again, brown and dry, red, sleek and glazed. Teeth covered with sordes; urine, scanty; bowels, constipated; stupor; distended abdomen, with tympanitis, and occasional hemorrhage from the nose. Temperature from 100° to 104°. No intermission of fever, but from 2 p. m. to 10 a. m., fever lower. Patient complains of no pain, and when asked how he feels, generally answers, better. Headache is a common symptom, and long continued headache, denotes severe inflammation of the glands of Peyer, and should warn us of the greater danger of the near approach of hemorrhage.

TYPHOID GRAVIOR

Is when all the symptoms are greatly aggravated. Great soreness and tenderness of the bowels, and thin, dark colored discharges; often involuntary action of the bowels;

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dry, hacking cough; great dullness of expression; stupor; no disposition to notice anything; appetite gone; countenance dark, often spotted, or mottled; general dryness of the skin, mouth and tongue; tongue pointed, tremulous, red and fissured, and often considerable gastric irritation. Incoherent talking; delirium, with constant picking at the bed-clothes, or feeling upwards with hands, as though desirous of grasping some object. Sliding down to the foot of the bed, or working across the bed upon the elbows, and often, an effort to get out of bed. Temperature from 103½° to 107°, and pulse often as high as 160, to the minute.

Sometimes these fevers will run unbroken for ninety days with but little change in temperature until large bed-sores are formed upon the hips and shoulder blades, and with every effort to prevent I have seen these perfectly bare.

One of the characteristic symptoms of this is the slow and sneaking manner of its approach. The patient is not well, neither is he sick for many days before he takes his bed. The rose colored eruption that is common to this disease is not well marked in every case, being very extensive in some, not only covering the umbilicus, but spreading over body and limbs; and, in others, but few spots to be found anywhere. The odor peculiar to this disease is only characteristic of one other disease that I have treated, and that is small-pox. When the foot is pressed upon a wasp there is emitted a peculiar odor, and this is the odor of small-pox and typhoid fever, much stronger in small-pox, but never to be mistaken in typhoid fever. But constipated typhoid fever should not be confounded with typhus fever, and to this end I will give the distinction most marked:

TYPHOID.	TYPHUS.
Typhoid fever is a disease of summer and autumn.	Typhus, a disease of winter and spring.
First week may be complicated with pneumonia.	Not until 2d or 3d week does pneumonia appear.
All climates subject.	Only temperate or cold climates.
Most liable between the ages of ten and thirty years.	All persons over 25 years.

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TYPHOID.	TYPHUS.
Sudamina, 6-8-10 day.	No sudamina.
Rose colored eruption that disappears on pressure, and returns immediately.	Mulberry patches that do not disappear on pressure and often turn to dark permanent spots or patechiæ.
Constipation with soreness of bowels and seldom ends under 21st day—is often protracted to the 44th day.	Often ends on the 14th day, and seldom ever goes over 19 days.

In constipated typhoid fever the tongue on the 5th or 6th day often cleans off very red, not always fiery red as in perforation of the bowel. Then, again, by placing the ear to the bowels the gas can be heard passing down the bowel, and in the gravest form of the fever, it stops, collects, and distends the bowel, and then with a gurgling sound, and often pain, it passes lower, either to escape, which is a favorable symptom, or as is more often the case, turns back to renew its same course of collection, distension and pain. There are other prominent symptoms that belong to this disease, such as irregularity of heart's action, distorted vision, subsultus tendinum, &c., but what I have enumerated is enough.

PROGNOSIS.

In days gone by we were told that it was always unfavorable; but while it causes great anxiety to the patient and his friends, and oppressive watchfulness and care on the part of the physician, we can say prognosis is favorable in typoid mitior and constipated typhoid fever, and unfavorable in typhoid gravior. It has been said that one in every three dies, but such is not my experience. It is but seldom one ever dies. Age has its influence; the old and very young requiring more sustaining treatment. The fat person, or very robust, fare much worse than others, and the danger to them is greater. Summer and fall, less fatal than winter and spring; but when the fever season is winding up we may well guard every point, for the danger is greater now than at any other time, on account of some peculiar influence exerted upon the heart.

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There are points just here to which I desire to direct your attention. When the tongue cleans off suddenly and assumes a fiery red, sleek and glazed appearance, perforation of the bowel is close at hand, if not already present.

When the temperature goes down rapidly, and you see the face pale and anxious, cheeks flabby and drooping, respiration sighing, hemorrhage of the bowel is just back of this, and it is one of the most fatal complications of this fever.

When you see the thumb drawn down in the palm of the hand, the case will die.

Where many cases are sick in the same room, the next case occurring is apt to be of a violent type, more so at least than the cases that have preceded it.

When you see the corpus cavernosum penis, hard and erect in any form of this disease, it is very favorable.

An ulcerated blister is said to be a concomitant of this fever. Blistering is necessary in some cases, and when applied it seldom ever ulcerates, and when it does, even in extreme cases, recovery is almost certain.

I have never seen a case die in which there was strangury from any cause.

This disease is far more fatal among the poor than among the rich. When epidemic it takes up its line of march, and when the air is poisoned or polluted, when the streams reek with filth, it seems to be encouraged by winds and waters, and smites all alike.

CAUSE.

The medical profession for a long time has been greatly perplexed upon this point. Not satisfied with the cold assertion of malaria, for nearly two hundred years the germ theory has had its advocates. It is the predominating theory of the present day, and continued microscopic investigations are establishing it upon a better basis. This disease often is generated in situations where human beings are crowded together, and where ventilation is bad and food unwholesome. Then we have seen these places free from

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the disease during epidemics, as was the case this year at the different mining places in Jefferson county, where negroes are crowded, where there is a superabundance of filth, and the water is not good, any kind of food is eaten and not half prepared. Then we know it is also to be found on the tops of the mountains where the air is bracing, the water good as any that gushes from the earth, and the food wholesome, cleanly and properly prepared. Then we see it in the valleys and along the courses of streams where malaria seems to be a privileged occupant. Many theories have existed in regard to the cause of this disease, but like the kingdoms of the earth have flourished, had their day, and passed away, and so it will be with the present one, like all the rest, leaving a light upon which the next generation may build more acceptable and enduring one.

Malaria—what is it? Volumes have been written upon it, and yet it in material substance is unknown. It means "bad air," that is, air when cutaneously absorbed or inhaled by the lungs is capable of producing some material damage to a healthy subject, whether this result is accomplished by living beings capable of reproduction, or from injurious gases, the result of vegetable or animal decomposition or fermentation. But it has long been known that these same changes from health to disease are as much the effect of maludoria as malaria, and by that we mean water as well as bad air. But there is some consideration due to the manner of life habits and constitution of the affected subject, as well as to extraneous influences. Can an atmosphere in close proximity with the surface of the earth, be found free of what may be termed impurities, or that will not leave its impress upon the brightest polished surface. Day has its sweetest breathing influence for man, or animals, and night develops the glories of the vegetable world. There is a power in this transition utilized for good or for evil. And where is the drop of water that is not filled with animal life? This imparts vitality to all that was pronounced good

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by an Omnipotent Creator; and yet, where no power of assimilation exists in either animals or vegetables, they are overwhelmed by it, and disease and death the result.

Susceptibility bears an important part in the transmission of disease, and the surroundings intensify the effect of slight differences in individual susceptibilty. But we know that the persons most readily attacked are those most susceptible, and epidemics are often reinvigorated by such persons coming in contact with the generating influence.

Lancisi, in 1695, was the first to give life to the idea of materiality as the cause of fever, but not until within the last fifty years has the medical profession accepted the idea of a living germ being the cause of disease. 'Tis true that Linneas wrote of it in 1778, but little attention was given to the thoughts or ideas advanced by him. In 1848 my honored preceptor, Dr. John K. Mitchell, then the professor of practice of medicine in Jefferson medical college, Philadelphia, gave us a lecture upon infusoria and animalculae as the cause of fever, and an able paper, afterwards published by him, gave rise to farther investigation of the subject. In 1870, M. Bolestra, from his microscopical investigations, and examinations of the water of the Pontine marshes in the vicinity of Rome, satisfied himself that he had found the malarial germ. A few years later, (1875), Dr. Lanzi of Rome came to the same conclusion, the difference between them being in the Pigment granules of the decaying Algae, which he thought to be the same as the granules found in the spleen and liver of patients suffering from malarial poisoning. A little later, and Eklund, of Sweden, discovered a parasite in marsh mud, and sea weed from malarious localities, which, upon careful examination, he assumed to be the same as the parasite found in the blood of patients suffering from intermittent fever. In 1879, Klebs and Thommasi Crudeli made their experiments upon rabbits with the bacilli which they believed caused the malarial fever in man. This was injected sub-cutaneously, and they state as a result, that the rabbits suffered with intermittent fever.

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But this was not satisfactory, as by the experiments of Sternberg and others the same result was not obtained.

Following these are Marchiafava and Cuboni, in Italy, who thoroughly investigated the blood of persons who died with malarial fever, and in this they found spores and bacilli, which they were satisfied were the same as the bacilli of Klebs and Thommasi Crudeli. But this was done with post mortem blood and was not satisfactory. Others have failed to find them in the blood of living patients. But in 1881, Laveran discovered a very different parasite, which he believed to be the true malarial germ. This was confirmed by Richard, who found the Laveran parasite in the blood of persons sick with malarial fever. Yet, with this advancement in the way of the cause of disease, while there is no room for retreat, there has not been a satisfactory conclusion stamped upon the mind of the medical profession.

Murchison holds the position that typhoid fever is the result of the fermentation of fæces, healthy or unhealthy. I am satisfied that this was the cause of the epidemic of this fever this year in the south-west portion of Jefferson county. On both sides of Valley Creek, from near its source to its mouth, the fever existed. This is a mountainous section, and this stream runs off rapidly, but in its course it is checked by milldams, and natural dams. It has its origin at and near Birmingham, and into it all the garbage, and sewer water, and filth of every kind, was emptied, and from it there arose an exceedingly disagreable effluvia that was greatly increased during the summer, especially whenever there was a heavy rain fall. The sickness was confined almost entirely to this stream. The same cause does not seem to exist every where, nor every year. In some portions of the state, when the fever season is unusually dry, the number of cases of typhoid fever is greatly increased. Such, at least, was the case in Marengo county, Alabama, from 1849 to 1857. The past season has been unusually wet with us, and we have had an epidemic of this fever,

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from which we naturally draw the inference that both wet and dry seasons are favorable to its development. Why may we not as reasonably say that cells under these extremes die and develop germs, the result of this fever, as to say that germs from extraneous sources develop or originate the fever. As far as the development has been made, it has been shown that there is a germ peculiar to each disease, whether the germ is the creature of the disease, or the disease the work of the germ. Then, why not each virulent form of disease produce its own germ. If we go to the vegetable kingdom the tree that is bruised externally will always show it by its drooping leaves, or dying branch, and if cut in deep its circulation is not only interrupted, but it soon withers and dies, and yet, under another kind of influence its entire heart, or inner body, becomes diseased, rots out, and it dies. All this the result of diseased cells. Why not so with man? Then, again, if we take the known parts of earth upon which we dwell we find within itself waste, disease, decay, in the mineral and vegetable kingdom peculiar to each. Why not so in man and the entire animal kingdom? He is but a world of living animalcules only waiting development, and will manifest themselves after death, if not before. While I fully and firmly believe in the germ theory, I believe that there exists in every man cells that can be made to develop the same kind of germs that exist in the decay of the vegetable world.

May there not be such a thing as insolation, or specific action, the result of solar heat, that would develop these same cells into a thing of life, that like the vultures, would prey upon Prometheus' bowels. Our summer heat is very great, and very great must be the influence exerted by it upon the nerve centres and the blood.

Just here I desire to refer to a letter of Dr. Benjamin H. Riggs, addressed to Professor P. H. Mell, Jr., Auburn, Alabama, in which he says: "I am studying to account for an unusual healthfulness in this vicinity for the past four months or longer. It has seemed that we have had more

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rainfall, lower temperature, and more frequent thunderstorms. Perhaps the dilution of our drinking water, the washing of the atmosphere and the ground surface, and the absence of long continued high temperature, have been the main factors." To these excessive rainfalls, as delineated by him, in connection with some other factors, are we disposed to attribute a large amount of typhoid fever, of a virulent type, in township 18, 19 and 20, range 45 and 46. The sudden changes from cold to hot, or the rise and fall in temperature, exerts a great influence upon the system.

If we rely upon the germ as the sole cause of disease, then the quantity of rainfall, the change of temperature, nor the dilution of drinking water, would be of any consequence if the germ was not there.

It has not been satisfactorily demonstrated with all the microscopical investigations and cultured field experiments that the germ was not the product of the disease. The fact of its existence does not demonstrate that it originated the disease, but the fact from the observations pursued thus far, that each disease has its germ, advances the idea at least that each disease generates its own germ. As far removed as I am from these fields of experiment, you might say to me that "fools enter where angels fear to tread." But the world is made up of fools, and from them thought evolves thought that sometimes generate the greatest scientific achievements, and the fool of to-day may be the hero of another cycle. I am unwilling to believe that the germs that infest the human body in disease are always the product of the vegetable world, or of other influences exterior to the body, but often the development from or of the body itself when acted upon. A cell is a morphological unit and enters into the formation of every plant and animal, and occupies a distinct individuality in all organism. One of the earliest revelations of the microscope was the myriads of minute living specks in the water or mud where decaying animal or vegetable matter had been infused. By many these specks are regarded as *de novo* productions from the

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decaying cells, while by others they are ascribed to germs that pervade the atmosphere in countless numbers and everywhere, and possess an almost indestructible tenacity of life. Whether they originate in the death of a cell, or whether from the atmosphere without, there can be no doubt but that they play an important part in the causation of diseases. It is quite conceivable that different species of organism in the system, by its death, may produce different compounds of vital, active, deleterious nature, with special affinities for various organs, and thus produce a train of symptoms *sui generis*. Such, for instance, as ptomaines, the noxious alkaloids found after the death of organic tissue.

Take hæmoglobin as an example. This compound has a definite role to play in the economy, but it can only do its work when contained in the red blood corpuscle. Let it escape and float free in the blood, it not only becomes useless, but sets up a violent irritation, if not a distinct inflammation, in the process of elimination from the kidney. Then take the salts of potash when these are set free in the blood, according to Bernard and Grandeau, results in general nervous depression and paralysis of the muscular fibres of the heart. Then the salts of iron, and lime, and magnesia, which enter normally into the composition of one or other of the tissues when set free in the blood, are poisonous, and bring about, to say the least of it, abnormal condition of otherwise healthy organic tissue. Then take these and kindred anatomical and physiological facts, and it would demonstrate that disease does not always originate from germs exterior to the system, or that germs are not the sole cause of disease.

RESULTS OR COMPLICATIONS.

For the last few years there have been more cases complicated with phlebitis than many years previous, and it often happens that if the first case in a family is attacked with phlebitis, others are most sure to follow. This sometimes is ushered in with a slight shivering sensation, and a

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want of action in the leg. It feels heavy and distended. Pain soon begins, and in many cases becomes severe, almost unbearable. The leg enlarges, often to twice its natural size, and sometimes the swelling is very obstinate, lasting many months before it is entirely relieved. In a few instances that I have known the leg never returned to its natural size, and although years have passed, still the man carries an enlarged limb, but with no defect in vitality, muscular action, and no pain. In treating this, my plan has always been to elevate the foot to an angle of about 45° on a gradual ascending plane, and apply mullen leaves steeped in hot vinegar, and around this a hot flannel cloth or blanket, closely wrapt to keep all in position, and change as often as they cool. If this does not relieve, then I direct the use of a linament of: ℞. Oil origanum, ʒj; oil sassafras, ʒj; tincture capsici, ʒjss; aqua ammonia, ʒj; spirits camphor, ʒj; chloroform, ʒjss; well rubbed on the leg, and re-apply the mullen and hot flannel over this. Relief soon follows.

Parotid abscess.—I regard this as a relief to the patient, as recovery soon follows. Encourage suppuration and open as soon as possible.

Convulsions.—Seldom have I seen complications of this kind, and then only in children. This I attribute to excessive fever heat, and in no instance would they return where cold was freely applied to the head and continued until temperature was reduced. Pyrexia is due to heat production being above normal and its elimination subnormal. Sometimes it is the result of nervous phenomena, without any apparent waste of active tissue. Sometimes the nervous system is overcome by the excessive heat and convulsions ensue.

Then again, as another complication, we have a sluggish, inactive brain. Memory for the time being seems to have been lost, both in names and dates. But this is only a question of time, as with returning health brain reaction takes place.

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Deafness—ulcerated cornea, with temporary loss of vision—suppuration of internal ear.—I have never known these complications to be permanent; on the contrary, most cases of typhoid fever, after recovery, seem to take on a new lease of life. Fuller habit, or accumulation of adipose tissue, but vigor of constitution, or physical vitality not increased. Loss of hair and loss of toe-nails, the result of long continued heat and dryness of the capillaries, and sometimes accompanied with this is general denudation, or shedding of the skin.

TREATMENT.

Good common sense is a prerequisite to successful treatment of any disease, but more especially of typhoid fever. A well grounded preparation theoretically, as well as therapeutically, is greatly to be desired, and like a well ordered household, under the guidance of common sense, will carry peacefully and happily through.

Sometimes you will be enabled to see the patient early in the attack, and if a case of typhoid mitior, or constipated typhoid fever, let the bowels be opened with some gentle aperient. But it more often, than otherwise, happens that this part of the treatment has been instituted before you see the case. In a case of obstinate constipation I give a pill of calomel, opium and ipecac, repeated till the bowels are acted upon; nitre and turpentine to be given two hours after each pill. If there is no action on the bowels after twenty-four hours an enema of ginger tea, or molasses and soap and warm water. So soon as the bowels are opened, if there is but little gastritis, I order a continuation of turpentine and nitre, alternating evey two hours with carbolic acid in one drop doses. But if there is much gastric complication, I prefer sulphuric acid to anything else. Rub the bowels well with turpentine, and if the soreness and tympanitis is very great apply a turpentine stupe. To aid in the reduction of the fever, make free use of cold water, by sponging and pouring, and, as is the case sometimes, I find

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it necessary to use ice freely; eat it, beat it up and tie it in a dry towel, and apply to different parts of the body at the same time, and if this will not reduce the temperature below 104°, then give 20 grains of antipyrin, and repeat it in two hours if necessary, and the temperature soon goes down to 100°. But this excessive heat is apt to return in twenty-four hours, when the same treatment, if persisted in, will overcome it, and the temperature in two or three days will be normal, to rise again, but never to extreme heat. I have never seen bad effects from the free, even excessive, use of cold water. It never has in any case brought on collapse, but on the contrary, it often has prevented it, by relieving the system of the terrible oppression, the result of excessive heat. It is the best tonic we can use in typhoid fever. There is some danger in the use of antipyrin, that is, in increasing gastritis if it exists, or producing it if it does not exist. And it also has a tendency to weaken the action of the heart, which should specially be guarded all through this disease.

By the application of cold water and ice, and ice pack, the supply of oxygen is greatly increased. Oxygen is absolutely necessary in the evolution of nerve force, or vital electricity, and a deprivation will soon result in death.

In these external applications of water, I often add strong apple vinegar.

For days I have kept the feet and legs in a tin basin, where the water was changed as often as it became warm, both day and night, until the fever cooled.

When the discharges are bloody, a pill of opium, calomel and acet. plumbi should be used until all soreness has left the bowels. But there are cases where this will not control, or succeed, and I use then the dark Pinus Canadensis, alternating with the pill, and stop the use of turpentine. The best fever mixture to be continued all along through the disease, is a teaspoonful of citric acid, and a tablespoonful of the bicarb. potassa, mixed in a goblet of water, and so soon as it is done effervescing give it by the teaspoon, or

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tablespoonful dose, as the case may require. All along through the attack, I freely use milk punch, of brandy or rye whisky, and milk or egg-nog. There were cases in which I made free use of the iodide of potassium, and with very great benefit to the patient, and if there has ever been any antipyretic with me it is iodide of potassium, and antipyrin itself. Quinine I have always dreaded, and I never use it in this fever. In the hands of others it may be effective, but I have never seen any good from it.

Up to this time, October 22d, this year, there has been in one section of our county, fifty-three cases of typhoid fever, and I have not given quinine to any one of them, and only one has died, and that one had phthisis.

Opium, in some form, should be used all through the attack; very frequently in the beginning of the attack. I use it in combination with calomel and ipecac. I prefer the gum opium to any other preparation, and especially where there is extensive ulceration, or perforation of the bowels. I never let the patient come from under its influence—sometimes for as long as fifteen days. My object is to keep down the peristalic action of the bowels, and permit a healthy reaction to take place. I have seen no bad result follow, even though the bowels have been locked up for fifteen days.

There are cases in which a blister has been very beneficial, and when applied they should be large enough, and kept discharging as long as possible.

In cases of a very aggravated type, where your patient, after days of restlessness and delirium, goes into a state of collapse and cannot be relieved by alcohol, ammonia, brandy, whisky, capsicum, or any of the diffusible stimulants, I use a half grain nitrate of silver every two or four hours, as the case may require. And I have seen very happy results from this combination, in an extremity, when hope seemed almost gone.

No case of typhoid fever should be treated by a regular routine system, or even by what you read in medical books.

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Every case has its own individuality, and in all points is not like any other you ever saw. They differ in many points, and it is all important that symptoms should be treated and the wants of the whole system always in view. Never get behind the case, but always keep ahead and anticipate in treatment.

In excessive hemorrhage from the bowels, the best preparation I have ever used is elixir of ergot in teaspoonful doses, and hypodermically and alternate with opium and acet. plumbi. In case of perforation of the bowel, which is manifested by a fiery red tongue, perfect rest should be enjoined. Egg emulsion of turpentine, alternating with opium and nitrate of silver, or opium and carbolic acid every two hours, and the turpentine applied to the bowels or abdomen. Where there is much delirium, bromide of potassium or camphor water. Acids of any kind I have always found beneficial in this fever, and always agreeable to the patient.

I have delineated a general plan of treatment that I have followed for over thirty-five years with success, and a few words upon diet and I am done. Let no solid food whatever be given. In the great majority of cases, sweet milk is preferable to anything else. But there are many who are better served with buttermilk, or milk after it has been churned. There is a peculiar acid that belongs to this quality of milk, which makes it very acceptable to the patient. But sometimes milk cannot be used on account of the special aversion of the patient, then my plan has been to substitute chicken water or a tender piece of broiled beef or bird to be chewed by the patient, and when all the fluid is extracted to throw out the solid portion.

There is nothing more dangerous to a convalescing patient in this disease than a disregard of strict dietetic rules. No solid food is at all allowable, and not too great a quantity of milk. I have known too much milk to cause death in a few hours, long after the patient had been clear of fever. Extreme hunger, after severe attacks, often takes place, and

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the patient, though a man or woman of good sense, unless prevented, will produce death, by appeasing or satisfying hunger.

If this is worthy of your acceptance, my object has been accomplished.

Dr. Riggs said that he was very much pleased with the paper just read by Dr. Prince, of Jefferson county. It was an exceedingly valuable statement of the results of thirty-seven years of practical experience and observation at the bedside, and told in a very clear and entertaining manner. Such papers were desirable as contributions to a more abundant knowledge of the nature and treatment of diseases observed around us in our home experience.

Dr. Prince had seen fit, based upon his experience, to divide typhoid fever into three varieties: "Typhoid mitior, constipated typhoid, and typhoid gravior." Whether these names were well founded on three distinct varieties or not he did not pretend to say. He (Dr. Riggs) did believe that there were varieties of typhoid fever, and it might be that in the course of time something definite might come from reports of cases and comparison of experiences, to enable us to crystalize these varieties into groups more or less permanent in character. Practitioners speak of a difference in the character of the typhoid fever of Europe and of America, and of this fever in the older and in the younger states. It was a long time before typhoid fever was separated from typhus fever, and it was called typhus mitior for a time; until now we know them to be as distinct and separate as varicella and variola. It might barely be possible after a while that the confusion around continued malarial fever and typho-malarial fever might be cleared into the evolution of a new and distinct variety of fever. But he believed that, as a rule, practitioners were too rigid in their definition of typhoid fever; desired to make them all

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come up to a given standard, or called them something else. Typhoid fever was no more uniform in Europe and Canada than it was in Alabama. Dr. G. L. Milne, of Victoria, B. C., after describing an epidemic of a modified form of typhoid fever that occurred in Victoria, says:

3. "The epidemic referred to was similar to the continued malaria of some writers who live in malarial districts, but as for this city and district the presence of malaria must be dispelled." * * * *

5. "That epidemics of modified typhoid fever occur in all parts of the continent—the Atlantic coast and the middle states—where malaria exists, and also on the Pacific coast, where malaria is unknown. Taking the subject in a topographical and geographical point of view, the study of typhoid fever in a morbid form is of the utmost importance, especially as to treatment."

Dr. Riggs said with regard to what Dr. Prince said concerning what he (Dr. Riggs) wrote to Prof. P. H. Mell, Jr., chief of the Alabama weather service last fall, in endeavoring to account for the unusual healthfulness in Selma and vicinity during the summer of 1885, there was a difference between them.

He attributes this increased healthfulness to six probable causes:

1. Constant and continued rains; no overflows; aggregate rainfall not in excess of usual; rain evenly distributed.
2. Stationary or rising ground water.
3. Dilution of drinking water in springs and wells.
4. Low atmospheric temperature.
5. Atmospheric motion by winds, storms, etc.
6. Prevalence of ozone from electrical storms.

The total rainfall during June, July, August and September, 1885, was 17.14 inches; a mean of 4.28 inches; or an annual fall of 51.42 inches, which is less than usual.

Dr. Prince believed that increase of rain with other causes made typhoid fever more prevalent.

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Dr. Riggs believed that dilution of the drinking water tended to enfeeble and devitalize disease germs by supplying an abundance of oxygen. (See Pasteur's investigations of the splenic fever microbe, and by diluting the pabulum on which they fed.)

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THE DIAGNOSIS AND TREATMENT OF SOME OF THE MORE COMMON FORMS OF DISEASES OF THE SKIN AS THEY OCCUR IN ALABAMA.

BY DR. E. H. SHOLL, OF BIRMINGHAM,

Senior Counsellor of the Medical Association of the State of Alabama.

Comparing the practical observations of thirty years of profesional life in Middle Alabama with those made during a five months residence in the Western Clinical Infirmary, now the Howard Hospital of Philadelphia, where, under the supervision of Dr. Partridge, who was the leader of this specialty in his day, a very large number of cases of skin diseases were examined, two conclusions have been reached.

First, that from some cause, very probably climatic, skin diseases are far less prevalent in this latitude than in that.

Second, that as a general rule they are more submissive to treatment.

Enough, however, come in the way of every physician to render it a matter of great importance that he should be enabled to decide what course to pursue in a class of cases which, compared with their real gravity, far outweigh in the matter of discomfort any others brought to his notice.

The old aphorism of Abernethy, that all skin diseases might be thus classified: one, curable by sulphur; one by mercury, and one that satan himself could not cure, in the enlargement of professional observation and resources, does not hold good.

It will be evident to all that when one author devotes 280 pages to the study of acne alone, this paper cannot be exhaustive in its character, but suggestive only.

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In the way of classification and nomenclature, so diverse and inharmonious are the methods of procedure, that no arbitrary standard can be presented from which there is no divergence. Some authors would bring most skin diseases under the general head of herpes; some under that of eczema, and some under that of lichen; the diverse forms being but parts of the same particular lesion of the surface.

The attention of most of us in the general work of the profession is called, perhaps, more to the general appearance of the surface and the discomforts attaching thereto in these cases than to the defining of any specific lesion, hence, the treatment is often indefinite and unsatisfactory.

It is not always easy where these diseases apparently complicate each other for even the most expert to at once carefully and positively decide what we have before us, and how to treat it, but close and repeated examinations will generally enable us to reach correct conclusions and meet the local and constitutional indications.

It is necessary to remember that the law of heredity impresses itself here as well as in graver diseases, that implanted vice and faulty nutrition, imperfect digestion, and squalid surroundings are all factors at work in diseases of the skin.

In an obstinate case of eczema palmaris that has been recently under my care, inquiry developed the fact that his grandfather had suffered in a similar way, his father entirely escaping.

To begin with, a very simple form of trouble, occurring noticeably in infants. The scalp is disfigured by a yellowish or brown, or at times, almost black coating, unsightly in its appearance, almost like an incrustation of dirt. Sometimes we are asked to prescribed for its removal, as it is not infreqently very tenacious.

By Rohê this is called seborrhœa sicca. It is a functional disease of the sebaceous glands, and is said by authorities, unless promptly relieved, to lead to early baldness. If not, it is a disfigurement and should be dealt with at once.

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So far as my own observation goes, children who suffer in this way are late in getting a good coat of hair, as late as between three and four years. There can be but little trouble in diagnosing this disease on the head. On the chest, about the base of the sternum, I have seen it closely resemble ringworm. When necessary the microscope will decide the true nature of the disease.

Ordinarily the free use of cod liver oil externally to soften the crusts, with plenty of soap and water, has been sufficient to relieve my patients. The crust may, however, be so thick as to require warm poultices to loosen it. Afterward oil and soap, persistently used, will effect a cure. By alteratives and cod liver oil internally we may correct the disorders of digestion and imperfect nutrition. Small doses of mercury, properly used, being at times almost essential in infants to combat and hasten the cure of the several diseases of the skin to which they are liable.

A simple functional disorder of the sweat glands of the skin called "prickly heat," gives rise to great inconvenience and suffering, especially to children, but also to adults, due to excessive activity of the sweat glands, occurring in generally diffused bright red pimples, slightly elevated. Heat, of course, is the principal cause. Often, however, we have with it disorders of digestion.

To secure relief the clothing should be light, direct contact of flannel with the skin being avoided, if, for any reason, it is deemed necessary to continue the wearing of flannels. The body should be often bathed with cool water, to which it is my custom to add freely the bi-carbonate of soda, then after careful drying, to dust with starch powder, or if this fails to relieve, a dusting powder is prescribed of one part of oxide of zinc to five of starch.

In extreme cases Rohë suggests the bran or starch bath. Any disorder of the digestive apparatus should be carefully treated by such means as would naturally suggest themselves.

Another disease of the sweat glands, fortunately not often

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claiming our attention, but worthy of notice, is that known as bromidrosis, or sweat of a fetid character.

Two cases have presented themselves to me in a little more than two years. In one case the offensive sweat was in the axilla, in the other, on the soles of the feet. Both these cases were of a marked scrofulous diathesis. Simple means will ordinarily promptly relieve those who suffer in this way.

Some cases have given me great trouble, not only to relieve but to prevent the tendency to return, which is not affected by season, but may occur as well in the winter as in the summer. These unfortunates, who suffer more in mind than in body, claim our sympathy as well as skill. Nearly every case that has come under my care for some years past has been relieved by proper attention, first, to any indications demanding constitutional medication, by the free use of water, warm or cold, as preferred, with a strong suds of lye soap in severe cases, or a milder soap, if the case is not severe.

After the bath the parts well dried are bathed with a solution of hydrate of chloral, 60 grains to the pint of water, and the parts, when dried, dusted freely with a powder of one part of salicylic acid to five parts of starch, this powder to be constantly worn in the socks, when the feet are affected, and a foot bath to be taken at night before going to bed. If these simple means fail, Hebra's method, which I give, will rarely fail to give permanent relief. This may, however, require repetition.

"After thoroughly bathing and drying the feet, spread a piece of linen or old domestic freely with diachylon ointment made of equal parts of emplastrum plumbi and olive oil; envelop the feet carefully with this, inserting small pieces of linen covered with the ointment between the toes. The next day take off the cloths, wipe, but do not wash the feet, dust freely with prepared chalk and re-apply the ointment. Pursue this plan for two weeks, not washing the feet, then omit ointment, but continue dusting powder.

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The epidermis begins to break off in large pieces, and in a few days a soft, healthy looking skin will appear, when the feet may be washed thoroughly and the chalk continued for some time."

You will have the gratitude of any patient whom you may relieve of this terrible affliction, which makes life a burden to any one at all sensitive in regard to cleanliness and comfortable social surroundings. Another disease of the skin often claiming our attention is acne, a disease ordinarily of young manhood and womanhood, in which structural changes of the sebaceous glands as well as functional irregularity take place.

In the latter condition the secretion is of a thicker character, the ducts become plugged and discolored by some deposit to a brownish or even blackish tinge. Here, simple means, pressure to remove the sebum, the free use of the soft soap with a dusting powder of oxide of zinc will, with the correction of indigestion by mild laxatives, ordinarily serve to perfect a cure in a few weeks.

Acne, the result of menstrual disturbance, occurring ordinarily more distinctly at the period is generally attended with gastric disturbance, loaded tongue, foul breath, and needs sometimes in conjunction with local treatment a decided mercurial with the steady use of some gentle laxative. These cases of aggravated type sometimes do well under the persistent use of cod liver oil, as they are generally found with a distinct scrofulous diathesis. Prolonged trials with the sulphide of calcium in full doses have so far failed to give me good results.

My own experience in what Rohé calls tubercular acne is that it occurs as a general rule in highly scrofulous persons. The results of treatment have not been rapid nor always satisfactory; new tissue formation goes on; dark, almost black elevations cover the chin, face and forehead, with large pustules at different points, projecting sharply from the face; sometimes the size of an English pea, purple, livid, angry looking, they disfigure the face permanently. In one

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case for a time under my care, the eyelids were involved, swollen, and then destructive ulceration began, threatening the integrity of the eyelids. When I next saw her the disease had about run its course, she then having been for some months married, but on one of the lids a mark was left of the disease, as if cut out of the upper lid sharply with a chisel. Here all forms of treatment seemed to fail to control it definitely, until a new element of disturbance set aside the old trouble. In these cases free local bleeding, the correction of perverted nutrition by alteratives and constructives, washes of soda, mercurial anointing, washes of sulphate of zinc and chlorate of potash, five grains of each to the ounce of water, offer us the best resources of medical art. The diagnosis between this, one of the most common forms of disease of the skin and the pustular eruption of syphilis, can generally be very readily established by the more general diffusion of the latter and the history of the patient.

Another disease which crosses our way is that called by Fox, eczema infantile, which sometimes, unless actively treated, passes through the three stages as laid down by him of hyperæmia, with its interstitial exudation, papules, vesicles and pustules to the second stage of seropurulent exudation and crusting, then known as eczema ichorosum, passing on to the third stage of desquamation, leaving some induration. One such case has recently passed through my hands. It is most commonly coincident with the eruption of the teeth and in infants of strumous diathesis. It becomes obedient for a time to remedies, disappears only to reappear with the new eruption of another tooth, either in a milder or more aggravated form. Generally, however, if the child is properly treated the recurrences are of modified and milder form.

One typical case comes to mind in which the disease did not entirely give way until the child, apparently physically vigorous, but highly strumous, was nearly three years old. It generally makes its first appearance in the scalp, from

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thence often spreads to the face, involving both cheeks, causing infiltration of the eyelids, and in one case seen recently it was accompanied by conjunctivitis, while other portions of the face and head presented the several conditions of hyperæmia, crusts and scaly induration. Internally, in order to secure the best and most rapid results, it has been customary with me to give a mild mercurial alterative to correct the secretions which are often found in a disordered condition, and invariably to give cod liver oil by itself or in emulsion with the syrup of the lacto-phosphate of lime.

In the ichorous form the itching is distressing, and it sometimes becomes necessary to cover the face with a mask of some bland ointment or oil. Locally, I am not wedded to any special form of treatment. If the parts are hot, angry, with free discharge, bathe freely with a weak solution of acetate of lead, two or three grains to the ounce, then cover the face with lard or sweet oil. After the acutest symptoms give way the parts can be well dusted with oxide of zinc and starch in such proportions as one to three or five, using the oil from time to time as required to soften the crusts. Frequent bathing with warm water and the free use of soap will be found at times indispensable in the latter stages of the disease, when the skin is apt to be dry and scaly, if the case has been protracted. Here, perhaps, will be as convenient a time as any to make the differential diagnosis between this disease and favus capitis, and tricophytosis capitis, as laid down by Fox.

In eczema infantile we have the stage of hyperæmia, with its eruption ordinarily of papules, vesicles and pustules, then of crusting of a yellow, brown, or almost blackish appearance when mingled with blood, then of desquamation and hardening before final relief is obtained.

In favus we have the yellow speck generally perforated by a hair and coalescing into crusts of light yellow, with the distinct favus cup, caused, as Fox says, by the fact that the spores of the parasite grow between the layers of the

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epidermis at the mouth of the hair follicle, and the periphery grows while the epidermis fastened by the hair is immovable.

There is atrophy of the hair roots, with deep reddish bald spots, and where the invasion is extensive the growth of hair is never as dense as before. Favus is a parasitic disease and highly contagious.

Tricophytosis or ringworm, is also a parasitic disease, and contagious. The disease begins in small scaly patches. In the case of a boy of twelve years, now under my care, the mass has coalesced, the hairs are broken off short and the general surface has a dry, brownish, almost black appearance, with flakes or scales like meal or bran dusting off, and is almost circular in form, while its dry surface readily distinguishes it from eczema.

In favus capitis we have a disease difficult to manage. The crusts must be removed by poultices, warm applications and the use of oils. Epilation must ordinarily be resorted to and then followed by a preparation first brought to my attention by Dr. Reuben Searcy, of Tuskaloosa, which, though severe in its application, is when it can be borne of full strength, an admirable remedy for this as well as ringworm. It is corrosive sublimate, three grains; carbolic acid crystals, 12 drops; acetic acid, one fluid ounce. This, alternated with the chaulmoogra oil, will generally, in patient time, relieve this disease as well as tricophytosis capitis.

In the genito-crural region the disease is known as tricophytosis cruris, or eczema marginatum, and is often very difficult to relieve, on account of its complication with eczema. Here I have used the above application well diluted; shaving the hair if necessary; also a solution of chloral, of 30 grains to the ounce. Sometimes a mixture of three grains of corrosive sublimate to the ounce of a mixture of one-fourth of oil of sassafras and three-fourths of alcohol. It has given me much trouble to relieve it in some cases. As nutrition is ordinarily at fault, the use of cod liver oil is advisable.

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Another disease known as "shingles," the herpes zoster of most authors, the zoster pectoralis and lumbalis of Fox, is not infrequently seen. It is nearly always unilateral and is a vesicular eruption. It is ordinarily preceded by a slight feverish condition. I have been occasionally subject to it for some years. The skin has a swollen feeling, with a pricking sensation following the course of nerve distribution, with sometimes a keen cutting pain, followed by the development of little vesicles, which fill with pearly and yellowish scrum, continuing in the stage of decline until the third, and sometimes, the fourth week. In its treatment any soothing local application may be made, dusting with powder of bismuth or oxide of zinc, with such internal remedies as may suggest themselves to relieve the neuralgia or rheumatic condition with which it is associated.

We often meet, too, with eczema in its different forms, most commonly the eczema universale, affecting the whole body, and eczema cruris, a case of which I have now under my care in a lady upwards of fifty years of age.

Constitutionally I have treated these cases as the individual seemed to demand. As to internal remedies, I have used mercurial alteratives gently at times and found my patients benefitted by them. Again it has been necessary to use iron, in the form of tincture, before each meal, with or without the nitro-muriatic acid, which, as a gentle alterative and tonic is sometimes given after meals. Sometimes cod liver oil, the syrup of the lacto-phosphate of lime, the hypo-phosphites, are needed to build up, or in a rheumatic habit, we may use iodide of potash and iron.

Locally, the treatment is varied to meet the peculiar local indications. Frequent baths of soft soap suds, bland ointments, are needed. Again, for many years it has been my custom in general eczema, when a stimulating application was needed, to use a solution of sulphate of copper, sixty grains to the pint of water, applied morning and night.

In fact all the resources of our art will, in different cases, be drawn on. Treatment is often unsatisfactory pursued in

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one line, changed or added to with careful study as to any constitutional causes at work, the result is happy and a cure is effected.

Eczema of the hands has during the last two years come under my care and is readily recognized, only to be confounded with a palmar syphiloderm. In this Fox lays down as a diagnostic mark that which he says is infallible. "If a number of small scaly spots are arranged in a semi-circular form with an enclosed area of healthy skin, or if a spreading circular patch exhibits an infiltrated margin, and a healthy or healing centre, the patch is of syphilitic origin."

Various methods of treatment have been resorted to in dealing with this often very intractable affection. The hardened, thick epidermis must be removed. To this end free applications of soft soap, poultices, oils, may be resorted to. Sometimes I have found it useful and necessary to make applications of acetic acid to assist in its removal. Last year in one case I used an ointment of chaulmoogra oil with cosmoline with good effect. The hands must be protected from moisture, except where hot baths are used to soften the thickened epidermis. Diachylon ointment constantly applied gives good results. The use of rubber gloves has not as yet been necessary. Appropriate attention must be given to the use of such internal remedies as may be indicated in order to hasten the cure.

Lastly, I shall call attention to a disease of the skin met with sufficiently often to require careful investigation and prompt action. One such case has been discharged by me within the last week. I allude to superficial epithelioma, the least malignant form of cancer, gradual in its progress; first, a simple elevated infiltration, gradually assuming the well known button shape, to go on by degenerative process, unless relieved, to assume the character of a rodent ulcer, to be followed by all its destructive processes.

The nose is a favorite location. The cause of this disease cannot be laid down definitely. In every case of enlarging pimple or wart in a man above fifty, our suspicions should be at once aroused.

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In the case just mentioned the epithelioma was destroyed by an ointment made of one part of corrosive chloride of mercury, two of arsenic and four of sulphate of zinc, mixed well with simple cerate to a consistency of ointment. This was carefully applied for five days, without great pain to the patient, removing the debris from day to day until at the end of that time there was left a clean cut ulcer, and no trace of diseased tissue. This ulcer was then daily dressed with a mixture of 15 grains of sub-acetate of copper to the ounce of simple cerate. At the end of 23 days the patient was discharged with the surface healed smoothly and kindly without disfigurement. The busy practitioner will often find himself at a loss, as I have done, to make a discriminative diagnosis, even this very week, in a case coming under my care. This need be no matter of reproach, but simply an incentive to that careful study, which, in the end, always masters those details essential to a true recognition of the case in hand.

A careful study of Fox's photographic illustrations of skin diseases is an invaluable aid to those who have not the constant advantage of cases for clinical study, and will solve for us the most complicated problems of this kind we may have to deal with.

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PRACTICE OF MEDICINE IN THE BLACK BELT OF ALABAMA.

BY EDWARD BURTON WARD, M. D., OF GREENSBORO,

Member of the Medical Association of the State of Alabama.

In no country is man exempt from disease. Every portion of our world is subject to certain epidemics which sweep through its confines like foul demons, spreading death, destruction and untold sorrow along their blighting path. There is not a spot on this globe which has not at some time been visited by these fell destroyers; from the oriental king of epidemics, whose scythe has mowed his millions, from the yellow monster stalking abroad at midnight, to the mildest potentate of disease, all alike, beat their sooty wings o'er our fair land. The zephyrs that fan our fevered cheeks are ladened with these emissaries of death. Minute organisms, those micro-organic bodies moving in space, are wafted to every country, float triumphantly down our unsuspecting air tubes, thence to invade the *primæ viæ* with their devastating numbers, leaving in their wake pathological landmarks to indicate their course and power.

This world might be called a great hospital, having its wards represented by the different sections of the country, and in these wards are crowded together the different diseases classified according to their types and severity. It is the purpose of this paper to visit in as short a time as possible, one of the wards of this mighty hospital and notice, *en passant*, the various diseases met with in our rounds.

The "black belt" is a zone of the richest agricultural lands nearly encircling our fair state. It is the "canebrake"

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or "prairie" region of our state, and may be justly called, agriculturally, the garden spot of Alabama. It runs through the counties of Montgomery, Dallas, Hale, Greene, Sumter, Marengo, Perry, Wilcox and Lowndes. In geological and topographical features, the northern and southern parts of our state differ greatly. In Hale county the dividing line between these very dissimilar regions runs near Greensboro, the county seat, which is situated in a latitude of 32° 42', and a longitude of 87° 35' west of Greenwich; passing thence this dividing line continues in a northeast and southeast direction through the counties adjacent. Of the 670 square miles in Hale county, little more than half, or some 345 square miles, according to our state geologist, lie south of this line, and form what is known as the prairie region, or "great marl basin," while the remaining 325 square miles north of that line form a part of the "gravelly hills, with pine," district of our state.

In the language of geology, our surface consists of the cretaceous and tertiary formations, with overlying drifts and red clay. The latter form our highest hills in the northeastern portion of Hale and Greene counties, and the northern part of Perry. The greatest altitude of any of these hills is only about four hundred feet above sea level. The highest points in and near Greensboro are from two hundred to two hundred and twenty-five feet in altitude, and those in and near Eutaw and Marion are about the same. The Warrior river, flowing between the counties of Hale and Greene, Marengo and Sumter, through their fertile bottom lands, has its surface at low water varying from forty to seventy feet above tide water at different points. The soil of the "black belt" consists of a yellow and dark pulverable limestone, intermixed with the excrements of animals and plants, and rests on an underlying strata of rotten limestone, which frequently crops out on the surface. A remarkable feature possessed by this soil is its extraordinary power of absorbing moisture from the atmosphere. In some localities, owing to the impervious nature

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of some of its geological substrata, water is very hard to obtain and there is a scarcity of streams. Such sections are very indifferently watered.

The town of Greensboro is situated on a transverse ridge, or water shed, running from east to west. On some portions of this ridge it is very narrow and the water falling on it runs off rapidly into the low flat bottom lands near by, forming marshes which, in summer, produce and give origin to malarial fevers. Some portions of the black belt are traversed by numerous streams and creeks, some of which continue to flow onward to the river all the year, while others, during the dry season, cease flowing and the water recedes into little basins and becomes stagnant. During the rainy season the river and many of the smaller streams become so swollen as to overflow the lands adjacent.

The climate of Hale county may be correctly taken as a type of the climate of central Alabama, including the "black belt." Observations carefully made and recorded for more than thirty years show that our average annual temperature is between 63° and 65°. The average temperature of our various months is as follows: January 44°, February 45°, March 51°, April 66°, May 69°, June 79°, July 79°, August 80°, September 75°, October 62°, November 55°, and December 47°. The average temperature for our three winter months is 47°—spring 63°, summer 79°, and autumn 63°. What is known as the range of climate—that is, the difference between average summer and winter temperature is, with us, 32°. The warmest hour ever recorded any summer with us 104°, the coldest in winter 2°—making our extreme range of temperature 102°. The coldest average for any one month is 39 degrees in January, 1886, 1872, and 1852. Snow falls occasionally to depths of three to six inches, but not so often as once every winter.

The same observations prove that our average yearly rainfall is between 56 and 57 inches. The largest rainfall recorded for any one year was 71.08 inches in 1880; the smallest for any year, 43.7, in 1873. In the majority of

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years our rainfall exceeds 52 inches. Our largest rainfall for any one month ranges from 10 to 14 inches. The average rainfall of each of our summer months is between four and five inches, and for each winter month between five and six inches. May, September, and October are our driest months, their average rainfall amounting to only about three inches.

The majority of the inhabitants of the "black belt" are negroes, and it is to this class that most of the practice in this section is confined. As a general rule the negro pays very little attention to the laws of health, and their hygienic surroundings are of the worst kind. They live in small, poorly built cabins, crowded together they sleep rolling in filth, and are compelled to breathe air that becomes vitiated from over-crowding and a want of proper ventilation. Notwithstanding all of the unequal sanitary conditions, though living on the edge of the swamps reeking with malaria, the negro is not so susceptible to the poison of malaria, and when they do become infected and are taken down with fevers, they seem to have it in a milder form than the whites. They are given, as it were, a certain immunity.

"The negro," says Dr. Furguson, "may be said to be fever proof; and the marshy savannas, which lie low and scattered, and unventilated, prove to him the most healthful abode. From peculiarity of idiosyncrasy, he appears to be proof against endemic fevers. To him, marsh miasmata, which so infallibly destroy our white soldiers, are, in fact, no poison. The warm, moist, low, and leeward situations where these pernicious exhalations are generated, prove to him congenial in every respect."

Thus we see the dispensations of an all wise Providence in the constitution of the negro, compelled to live in malarial districts, and to work and till the ground for their scanty subsistence, toiling in the heat of midsummer, with the rays of a southern sun falling with unrelenting fury upon their heads, they are endowed with a wonderful power of endurance, and given a certain exemption from the effects

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of heat and malaria. But the negro is more susceptible to the effects of cold, they succumb more rapidly in the winter than in summer. Diseases produced by exposure to cold prove very fatal with them. In later years the negro is becoming more easily affected, and diseases are more fatal with them than formerly. In reviewing the annual reports of health officers we find the death list among the blacks much in advance of that of the whites. Why this great change? What is the cause for this increased mortality among them?

Visit the large plantations situated in the "black belt;" go into their hovels, you are assailed by bad odors, you find filth in abundance, and in fact, you find them living in very "nests of infection." "Here they dwell together in wretchedness and squalor, the physical neglect and depravity of this unfortunate race" is at once apparent. When they become stricken down they cannot receive the proper attention and nursing so necessary. All these things combine to intensify their maladies, and when they do recover from a severe attack of sickness it is simply a "*vis medicatrix naturæ*," a victory of nature over tremendous odds. Diseases never before met with among them, are now found. Consumption, that fell destroyer, sweeps them off by the thousands, scrofula saps their constitutions and leaves them physical wrecks. There is a notable increase of consumption among the negro population within the last ten or twenty years, the cause for which is found in their exposure and excesses, and mode of life. Exposed to the unequal temperature of winter indifferently clad, they take cold, which is allowed to go on unnoticed until inflammation extends to the lungs, proving fatal in the form of pneumonia, or passes into consumption.

Mr. Bancroft, in his history of the United States, tells us that "in January, 1621, when the Pilgrims began to build houses at New Plymouth, such had been their exposure, though only a few days in the climate, that one half were wasting away with consumption and lung fevers. It was

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not until spring had far advanced, that the mortality began to cease; the living had been scarce able to bury the dead —the well to take care of the sick." Living continually in malarial districts their constitutions are weakened from a constant absorption of the poison, their blood becomes defribrinated, depriving the body of its proper nutrition by which the organic functions are sustained. These circumstances all tend to produce or arouse the tubercular diathesis among the negroes.

We have now seen that the "black belt" is situated in that portion of the state where malaria rules supreme and wields his sceptre with despotic power. Therefore the principal forms of diseases met with in the practice of this belt, are those which have as etiological factors miasmatic influences.

Let us now consider the causes of this powerful agent and see if we do not find them all existing in the black belt. In the first place, what is malaria? It is human nature to be averse to acknowledging our ignorance, and this is especially true of the medical man.

Malaria, says the theorist, is a germ, a minute organism, having a peculiar form, floating about in the atmosphere, visible only to the most powerful microscopic eye. So immeasurably small is this germ that it is doubted whether there was ever a microscope invented powerful enough to catch a glimpse of this mystical body.

These germs may be justly regarded as the minute and evanescent ghost of defunct vegetable and animal molecules. They are said to represent something akin to atoms of diseased matter. Hippocrates called malaria, or the causes producing fevers, "something divine," and recognized it as an individual fluid floating in the atmosphere.

This germ is supposed to live in the vicinity of marshes, because outbreaks of epidemics and pestilential diseases have been attributed to causes existing in the atmosphere, wafted from such marshes. When the earth, through means of long continued rains, becomes covered over

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with water, and heated by the sun's rays, undergoes, together with the remains of organic substances spread over its surface, the putrefactive process, germs similar to those living in the atmosphere are produced. Some writers contend that certain geological conditions of the country are more productive of malaria than others. Thus, they say that whenever we have a soil characterized by a geological formation of tertiary and cretaceous secondary deposit, with argillaceous and rich alluvial soil more or less impervious to water, or where, whatever the nature of the soil, water be near the surface, or where there are marshy fields, low flat lands, with swamps situated along the banks of creeks and rivers, or thick woods covered with a large amount of vegetable and animal matter undergoing decomposition, there we are certain to find fevers. These conditions all exist, more or less, in the "black belt." There is, then, necessary to the production of malaria, a certain amount of heat, say a temperature of 65°, a certain amount of moisture in the atmosphere, and animal and vegetable matter in a state of decomposition. It has been proven that neither of these conditions existing alone can produce malarial fevers. Heat alone cannot do it, for in localities where the thermometer registers the highest, no outbreaks of fever occur. Moisture alone cannot produce it, for in localities where it is very dry we have fevers. Without both heat and moisture decomposition cannot take place. We see, then, that it requires the combined action of these three agents. The germs springing from this decomposition require for their propagation and perpetuation both heat and moisture. Those portions of the "black belt" situated near or on the banks of creeks, and, which during the rainy season are subject to overflows, are notable for the existence of malarial fevers; the water, when it recedes from the inundated lands, leaves a surface exposed to the rays of the sun, and in drying, does so by evaporation, thus giving moisture to the atmosphere. The effects of partial drainage of swampy, marshy land, and the turning up by plow-

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ing of such lands, the clearing off of new ground, exposing the wet virgin soil to the sun's rays, all are fertile agencies for producing malarial fevers. I have seen outbreaks of fevers originate from just such causes on the plantations in the "black belt." It is said that miasmatic poisons manifest a tendency to remain near the surface of the earth, and the negroes who are compelled to live and sleep in cabins with floors near or on the ground, are more liable to be infected. Stagnant water is another fruitful source of malaria.

We have mentioned that, of the numerous streams traversing the "black belt," in dry weather most of them cease flowing and the water collects about in little pools, becoming stagnant. Fish can not live in such waters so impure are they, and when in some localities the inhabitants are compelled to use this water for drinking purposes, they are certain to swallow micrococci by the million and suffer the result. Hippocrates centuries ago attributed to the use of such waters the enlarged spleens so often met with in the inhabitants of marshy regions. We can very readily see how the people of such localities, who are compelled to breathe an atmosphere wafted to them from paludal districts, suffer repeated attacks of malarial fevers, and from constant absorption of this poison become cachectic, emaciated, with spleens swollen by the increased population of miasmatic germs. Thus the great father of medicine, in the early ages of our proud science, recognized this morbific agency, and in his famous work on "air, waters, and places," says: "That such waters as are marshy and stagnant and belong to lakes, are necessarily hot in summer, thick, and have a strong smell, since they have no current, but being constantly supplied by rain water, and the sun heating them, they necessarily want their proper color, are unwholesome, and form bile. Those who drink them, and live near them, have large and obstructed spleens, their bellies are hard, emaciated and hot; and their shoulders, collar

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bones, and faces are emaciated; for their flesh is melted and taken up by the spleen, and hence they are slender; such persons, then, are voracious and thirsty. They are subject to dropsies of a most fatal character, and, in summer, dysenteries, diarrhœa, and protracted quartan fevers frequently seize them. Persons with such constitutions can not be long-lived, but, before the usual period, they fall into a state of premature old age."

Dr. Harris, in his paper on climate and fevers, written several years ago, says: "That to what extent or degree the air we breathe may be corrupted without endangering health, we do not know, but that it may be so to a certain extent there is no doubt. Thus decomposition takes place at a temperature considerably below that which is necessary for the production of bilious or yellow fever, and, in every climate and country, this process goes on to a greater or less extent during the summer months. Now, the natural effect of this decomposition is to vitiate the atmosphere." In the driest month of the year, or about August, when this decomposition is at its highest point, it is almost impossible to ride through the marshy regions of the "black belt," or other places, especially at night, without being assailed by disagreeable odors, resembling that of a sick room where there is a case of protracted fever. This odor is more perceptible and intensified at the still and damp hour of twilight when the morbific miasms, not being dispersed and scattered by the winds, were suffered to accumulate in the vicinity of the mouldering mass from which they originated, and by attaching themselves to the particles of falling dew, diffuse themselves in the atmosphere around. The effect of this subtle poison on the indigenous inhabitants of malarial regions is too well known to demand further notice. "It makes very Edens deserts, and degrades their scanty denizens into mere vegetative beings subject to all forms of disease which follow in the train of malaria."

There is no doubt, then, but that the majority of diseases met with in the practice of the "black belt" are of malarial

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origin. My old and gifted friend, Dr. Tho's C. Osborn, formerly of Greensboro, in his report on the diseases of Hale county, read before the state association in 1870, says: "I am convinced by three years observation that malaria, directly and indirectly, causes nine-tenths of all the deaths which occur annually in the cotton zone, and that but for this subtle and omnipresent agent, Alabama would be the healthiest part of the habitable globe."

The different forms of fever existing in the "black belt," are: Simple intermittent, simple remittent, pernicious fever or the congestive fever of the old writers, and typho-malarial fever. These are all classed as malarial fevers. Of the miasmatic contagious fevers, we have only typhoid fever. Of the contagious fevers, we have small-pox occasionally, measles, and scarlet fever. We are rarely ever visited by epidemics of serious character; small-pox is sometimes imported to us, and as in the epidemic in Greene county, in the fall of 1883, spreads among the negro inhabitants, proving very disastrous. Measles occur more or less every year, and manifests a special fondness for children. These epidemics are, as a general rule, of a mild type, and when not attended by complications, pass off without doing much damage. Scarlet fever is only met with now and then. Yellow fever has never visited Hale county that I am aware of. Typhus fever is also a stranger with us. The type of fevers has changed considerably within the last ten or twenty years. Then congestive fever characterized the majority of those existing and proved very fatal. Now we only meet with a case occasionally. Malarial hematuria, hemorrhagic malarial fever, or yellow disease, which formerly was very frequent in its fatal visitations to the "black belt," is now of rare occurrence. The types predominating in the "black belt," are: Intermittents and remittent, with cases now and then which simulate, in some respects, typhoid fever, but which have other symptoms different. For instance, we have instead of the characteristic diarrhœa and eruption, constipation and no

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eruption, but the duration and extent of the fever, with the other symptoms, lead us to adopt a name which of late has been denied a place in the nosology of fevers, and whose existence has been denied by distinguished writers on the subject. But for the want of a better name, and until some of those bright luminaries will adopt a nomenclature more suitable, we are compelled to recognize and class this variety of fever as a combination of malarial and septic poisons and call it typho-malarial, the opponents to hybridity of diseases to the contrary notwithstanding. As Shakespeare says, "a rose by any other name will smell as sweet," and certain it is, that, call this what you may, it is now one of the most severe, protracted, and troublesome cases of fever we are called upon to treat. I doubt that we ever meet with, in our portion of the "black belt," a pure, typical case of typhoid fever as described by the writers.

The treatment of the varied fevers met with in our practice is based upon malaria as the etiological agent, and the two great sheet anchors are quinine and calomel. Remove these two powerful weapons of attack from the armamentarium of the practitioner in the malarial belt and you paralyze his powers. Quinine, malaria's great enemy, is the best friend of the doctor who has to battle with this hydra-headed monster.

Of the various diseases of the respiratory organs pneumonia demands more notice than the others, as it is very common with the negroes living in the "black belt," and proves to be a very fatal disease among them. Malaria more or less complicates this disease with us, and here, again, we find quinine a valuable remedy. The great danger in pneumonia is from the high temperature producing molecular metamorphosis of the heart, and causing failure of this organ. There is nothing in the great remedial agents more potent in reducing this high temperature than the sulphate of quinine, given in doses of ten grains every four hours. I often use with the quinine, opium in the form of Dover's powder, and thus get a favorable effect from their

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combined action. Of the heart stimulants, carbonate of ammonia in an emulsion of spirits of turpentine is the favorite in my practice. Veratrum is also used, but in the practice among the negroes this remedy is very dangerous, because they have no intelligent nurses to carry out the doctor's directions, and it is often the case that we cannot see them regularly to watch the effect of this drug. We therefore give it with great caution.

Of the diseases of the alimentary canal, diarrhœa and dysentery prevail extensively during the spring and summer months, and, at times, all through the year. Epidemic dysentery spreads through the plantations and often proves fatal. The causes for outbreaks of this disease are to be found in the surroundings of those infected. The food eaten by the negroes is badly cooked, and is often taken in a crude form, thus rendering it very unfavorable for the action of the digestive fluids; the particles undigested act as irritants and inflammation sets up, diarrhœa comes on and is allowed to continue unchecked until the increasing inflammation extends to the large intestines and thus passes into dysentery. Drinking impure water is another fruitful cause of this disease. The plan of treatment adopted for this disease, is always first to remove the morbific agent, and we generally call on nature's great renovator, the liver, to perform that necessary function. Instead of directing remedies to arrest the peristalsis, and check up in the bowels this irritant, we generally solicit the action of the liver and get the bile to sweep out the enemy. For this purpose we give broken doses of calomel until the liver responds, and then if the discharge continues, opiates and astringents are used, both by the mouth and by the rectum, *pro re nata.* Often we find quinine, that potent remedy, of service here, especially when we have cause to suspect the malarial microbe to be at work.

Veneral diseases are very common among the negro population in the "black belt." It is often the case that you will find large numbers of them on the same plantations

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decorated with chancroidal clusters or suffering with a specific discharge from their urethras. This class of patients, when they consult you, will attribute in nearly every case, the cause of such unfortunate indiscretions to the lifting of heavy weights, thus, as they say, overstraining themselves, and producing what is familiarly known among them as the "running in the range." A negro that will tell the truth about such matters, in every case, is, indeed, a miracle of veracity.

Syphilis is becoming more common among them. The cause for such extensive complaints is to be found in the moral turpitude of this unfortunate race. Both male and female are infected with venereal diseases.

Among the negro women, the majority of those who consult the physician are suffering from uterine disease, no doubt produced by promiscuous and excessive indulgence. These diseases are principally inflammation of the uterus and appendages.

It is not the purpose of this paper to discuss in full the different diseases met with in the practice of the "black belt," nor their treatment. The time would not permit such an elaboration, nor do I feel competent to perform such a task. My object is simply to call attention to the increase of diseases among that unfortunate class of inhabitants who are compelled to live in a country where malaria predominates, and to awaken an interest in the sanitation and prevention of this enormous growth of disease among the blacks living around us. The greatest advancement to be made in our science for the next decade will be those investigations which dive down to the bottom and pluck up by the crown the causes producing "the ills to which flesh is heir." In the department of etiology there is reserved a field for vast improvement.

We have been ever regarded as conservators of public health, as promoters of science. To assuage the ills of life in our brief sojourn from the cradle to the obscurity of the tomb; to arrest those causes which tend to abbreviate our

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transient existence, and to improve the constitution of our race by an acquaintance with and obedience to the laws of our nature, are the primary objects of our profession. Let us then endeavor to find out the cause of disease and direct our remedies to the removal of such causes. Let us study the sanitary condition of the country we have chosen as fields in which to practice the healing art, and see that if by proper hygienic influence we cannot improve the surroundings and physical welfare of our people. Says the immortal Cicero, " men never resemble the gods so much as when giving health to men."

I am glad to see the rapid strides being made in this direction, the great improvement in the health laws of our state. If this continues, with a harmony and a concert of action among the profession, before the close of the nineteenth century our grand old science, the offspring of Hippocrates and Æsculapius, will come forth, in all of her majesty and beauty, from the dark dungeons of empiricism, shaking off her heavy chains, she will arrive at that proud eminence where she can sit and dispense her favors on all humanity.

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THE LIVINGSTON ARTESIAN WELL WATER.

BY ROBERT DICKENS WEBB, M. D., OF LIVINGSTON,

Ex-President and Grand Senior Counsellor of the Medical Association of the State of Alabama.

At the request of the president, I have consented to present this subject before the association. The very general use of mineral waters, and the confidence of the laity in their curative effects, render the subject one of general interest. Mineral, or medicinal waters have in all ages held an important place in the estimation of the populace, and especially of the invalid; and there are in the profession many who admit their benefits, and believe that mineral waters possess a valuable curative influence outside of the change of climate and diet, the effect of social relations, scenery, and other environments.

Many of our best therapeutists, of whom may be mention Trousseau, Stillé, Neimeyer and Wood, speak highly of them; and the committee of the United States Medical Association, on "sanitaria and mineral springs," speak of them as "powerful adjuvants" in the treatment of disease. The subject may well then claim our attention.

The Livingston artesian well is located on the public square of Livingston, Sumter county, Alabama. Geologically, it is at the extreme southwestern outcrop of the cretaceous limestone, just as it disappears under the post-oak (pliocene) formation. It is bored through this cretaceous lime rock 950 feet, and then through four strata of sandstone respectively, 6, 1, 2 and 3 feet thick. Between these sandstones are layers or beds of sand respectively 9, 35, 20 and 15 feet thick. The flint rock (crystalized) one foot

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thick, and under this another bed of sand. In this last bed of sand, at the depth of 1062 feet, the boring was stopped.

SOURCE OF THE WATER.

In the first bed or layer of sand a small quantity of water was obtained, which ran very feebly from the top of the well. The amount of water was increased as each successive layer of sand was reached, and when stopped in the last layer, it ran from the top of the well at the rate of not quite one gallon per minute.

The cretaceous lime rock, going northerly from the well, crops out for thirty or thirty-five miles, forming the basis of the elevated plateau of rich prairie lands in north Sumter, and in the southern part of Pickens counties This lime rock dips in a southwesterly direction about two degrees, or about thirty feet per mile of outcroping surface, giving it, as already stated, a thickness of 950 feet at its southern outcrop, when it is pierced by the well at Livingston.

The sandstone strata crop out further north, forming the hilly portions of Pickens and Greene counties. The rain falling on these sandy hills percolates into the earth, and finds its way into the sand beds between the sandrock strata underlying the limestone, and passes along these (which dip at the same angle as the overlying limestone,) until it reaches the outlet of the well at Livingston, where by the law of water seeking its level, it is brought to the surface.

Thus it is seen that the water of this well has its source in the sandy hills thirty or thirty-five miles north of it, and percolates for this distance through the sand strata to reach its exit at Livingston, being thus thoroughly filtered of all organic matters; but during its passage it is impregnated with the mineral ingredients, which render it valuable as a medicinal agent.

ANALYSIS.

The well was bored in 1855–6. It soon become a favorite beverage with the citizens, and having observed its benefi-

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cial effects in several cases of dyspepsia and chronic bowel affections, I was induced in 1858 to give it a careful analysis.

The water is beautifully clear and limpid. When caught from the spout in a tumbler, an active disengagement of gas is seen rising in minute bubbles, and adhereing to the sides of the vessel. The escape of gas is so active from the surface of the water in the well as to cause a very perceptible bubbling. A gasometer held over the surface of the water is soon filled with gas. When a lighted tape is immersed in this gas it continues to burn with a pale, bluish flame, and the gas itself, when ignited in an open-mouth bottle, will burn with a similar flame. I did not test the character of this gas, but it is probably a mixture of carburetted hydrogen, nitrogen and oxygen. This is not important, however, as regards the medicinal properties of the water, since it is not at all, or very slightly soluble in water, (shown by keeping it twenty-four hours over the pneumatic trough without perceptible diminution,) and hence could not rigidly be considered an ingredient of the water.

The temperature of the water, which does not vary at any season, is 68 deg. F. Its specific gravity is 1.003. Thus it is seen it is very little heavier than distilled water, although, as we shall see, it contains a large amount of saline ingredients. This is due to the fact that it holds in solution a considerable amount of free carbonic acid. The taste is decidedly saline, so as to be a little unpleasant when it is drunk for the first time, but after drinking it a short while it becomes very pleasant. And here I may state that the lightness of the water, from the presence of free carbonic acid in solution, prevents it from causing a sense of fullness, even when used quite freely.

INGREDIENTS IN STANDARD GALLON OF THE UNITED STATES.

Free carbonic acid (in solution)	Cubic inches	33.18
Carbonic acid in combination	"	20.22
	"	53.40
Chlorine	Troy grains	181.69
Sodium	"	117.17

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Potassium	Troy grains	0.17
Calcium	"	5.08
Magnesium	"	1.60
Iron	"	.12
Strontia	"	Trace.
Bromine	"	0.75
Silicates	"	1.13
	"	307.79

These ingredients, which were each separately determined, when combined, give—

Bi-carbonate of iron	Troy grains	0.20
Bi-carbonate of magnesia	"	2.32
Bi-carbonate of lime	"	7.14
Perchloride of iron	"	0 19
Chloride magnesium	"	1.83
Chloride calcium	"	2 98
Chloride potassium	"	0.35
Chloride sodium	"	295.43
Bromide sodium	"	0.98
Strontia	"	Trace.
Silicates	"	1.13
	"	307.79

By comparing this with the following table of analyses, it is seen that this water resembles some of the most celebrated waters of Europe and America:

In one Pint.	Hamburg.	Kissengen.	Saratoga Congress.	Livingston Artesian Well.
Carbonate Iron	0.46	0.24	0.03	0.02
Carbonate Magn	.....	.....	9.01	0.29
Carbonate Lime	10.99	8.14	12.44	0.89
Perchloride Iron	.....	.....	.....	0.02
Chloride Magn	7.79	2.83	.....	0.22
Chloride Calcium	7.77	.....	.....	0.37
Chloride Potassium	.....	2.20	1.00	1.04
Chloride Sodium	79.15	44.71	50.05	36.92
Bromide Sodium	.....	0.06	1.06	0.98
Silica	0.32	0.32	0.10	0.14
	cubic in.	cubic in.	cubic in.	cubic in.
Carbonic Acid	48.46	41.17	49.00	6.67

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Here it is seen that the principle ingredients of all these waters are carbonic acid, carbonate of iron, and chloride of sodium, with a notable quantity of bromide of sodium in the Congress and Livingston waters.

They differ mainly in the quantity of carbonate of lime, and chloride of magnesium, ingredients neither hurtful or very efficient medicinal agents in mineral waters; and in the amount of free carbonic acid, an ingredient which renders waters more palatable, and gives them a gently stimulating effect.

But the predominant ingredient in all of them is chloride of sodium, to which they owe, par excellence, their medicinal virtues. This, as is well known, is not only the universal condiment, but the natural stimulus to digestion and nutrition of all animals. To such an extent is this the case, that animals in their wild state, are known to seek for it by resorting to what are known as "salt licks," and every farmer knows how necessary it is that his horses, sheep, cows and hogs should have a sufficiency of salt.

Notwithstanding there are other ingredients of value in these waters, their principle medicinal virtue is evidently due to the presence in all of them of a large proportion of this saline ingredient.

CLASSIFICATION.

Owing to the diversified nature of the ingredients of minneral waters, it is often difficult to classify them with exactness. While it is evident that this is a saline water, using the term in its usual signification of a water containing a notable quantity of chloride of sodium, it is more than this. It has also iron, bromide and carbonic acid in it, in quantities sufficient to have an effect upon its action on the system. It may well be called a bromo-carbonated saline water, or a bromo-ferrated saline. This is a rare combination and gives it a wide range of usefulness.

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MEDICINAL PROPERTIES.

This water, as may be inferred from its composition, is *aperient, diuretic* and *tonic*, and is thus suited to troubles arising from constipation, want of action in the kidneys, and debility. But its chief medicinal qualities are best expressed by the rather vaguely understood term alterative. In one sense all medicines are alterative, since they produce changes in the system; but the term is usually applied to those agents whose action is not very apparent. Hence it is that we find in this class of remedies those medicines whose real action on the system is little understood, and for a knowledge of whose beneficial results we are almost wholly dependent upon clinical observation. There are, indeed, but few remedies which we are able to trace in their "mysterious windings through the secret channels, fluids or organs of the economy," and thus note their true physiological action upon the system; yet, through a series of observations, we are often able to speak with confidence of the medicinal properties of certain remedies.

The action of mineral waters, like other medicinal agents, is immediate and remote. The immediate action is that exerted within a few hours, and may be stimulant, purgative or diuretic, according to the character of the water; the remote action that which slowly takes place, and may be weeks, months, or even years in fully manifesting its beneficial results. This remote action is what we would express by alterative, and it is by far the more important action of mineral waters, used as they are for the correction of cachexias and chronic affections.

Stillè has defined alteratives as "medicines which modify the nutrition of the body without producing any antecedent phenomena." This may be affected by such remedies as modify nervous action, or by those which alter the composition of the blood, probably also by those remedies which alter the molecular arrangements of the tissues.

We may readily see how a continued use of mineral waters may act in this way, as will be more definitely pointed out

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when we come to speak of the ingredients of the Livingston water. But independent of this specific action by virtue of its medicinal ingredients, a mineral water has, so to speak, a medicinal action, already referred to, exerted upon the molecular arrangement of the tissues of the various organs, by which their functions are altered.

"For the ordinary purposes of quenching thirst," says a recent writer, "we imbibe waters containing a very minute quantity of mineral ingredients; but when we repair to a mineral fountain for the cure of disease we drink freely of water containing double, treble, quadruple, and even a hundred times the quantity and number of chemical constituents. The water thus introduced, slowly and regularly penetrates every blood vessel, capillary and tissue of the bodily structure, gradually replacing the water of constitution, and by its different chemical affinities changing the molecular organism."

This change of the molecular organism applies to the blood as well as to the other organs of the body, and to this right state or proper organization of the blood, is due in a great degree, a proper nutrition of the tissues of the various organs, and hence a proper function and health.

It has been said that the minute portion of some of the ingredients in many of the noted mineral waters precludes the idea of any specific action from them. Thus the beneficial action of bromine, iodine, and of iron (when in minute quantities), has been questioned. But clinical experience does not sustain the doubt. Says Trousseau, "Whatever may be said of them, mineral waters are not simple medicaments. Whatever may be the predominant mineralizing agent as demonstrated by analysis, it acts not alone. Nature, in combining with the more or less notable elements which chemistry may isolate, other exceedingly variable ingredients and principles which have not yet been discovered, has done for the mineralized agent that which we seek to imitate each day in our prescriptions when we endeavor to reenforce or diminish the effect of a medicinal substance by

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associating others with it. We should not attribute to a single principle, however dominant it appears in the chemical analysis, all the properties of the water, and clinical experience only can permit us to judge."

Thirty years residence here as a physician, during which time many opportunities for observing the effect of this water have occurred, has convinced me that it possesses curative powers in a remarkable degree; indeed, much beyond what would be expected from its composition. True, there are ingredients in it (chloride of sodium and iron) which we know to be important factors in the composition of the blood, and in regard to which there are well-grounded theories of action; yet what we know of the action of these remedies, when given in artificial compounds, will not account wholly for the well attested effects of this water.

The chloride of sodium, which is abundant in the water, is one of the prominent ingredients of the blood, by means of which its watery portion, or serum, is maintained at a proper standard of density, and thus the processes of endosmose and exosmose, through which the tissues are furnished with pabulum, are materially regulated; and also the shape and size of the blood corpuscles themselves modified. These are actions which every physiologist at once recognizes as fundamental in vital processes, and though, in the present state of knowledge, we may not be able to tell why it is so, we may readily acknowledge the fact. Again, the water holds in solution iron, a known ingredient of the blood, and one which every physician attempts to supply when deemed to be deficient. But here the quantity is very small—much below the usual dose, and its good effect in anæmia can only be accounted for on the principle that the other ingredients hold the iron in such molecular relation to the tissues, and to the globules of the blood, that it is readily assimilated by them and appropriated to its proper agency in the nutritive processes of the body. The importance of this idea is apparent, when we remember that the loss of iron in the blood in chlorosis, the dis-

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ease above all others in which clinical observations agree in regard to the beneficial effect of iron, is very small. According to Boussingault, the amount of iron in the blood of a lady of 120 pounds is from thirty to thirty-five grains. Of this amount only a portion is found in the globules, which alone undergo material diminution in chlorosis. These, however, are never diminished to more than a quarter or a third of the whole amount; so that the diminution of iron in the blood, in this disease, will vary between twenty and forty centigrammes, or from three-tenths to six-tenths of a grain. We find, then, that small as is the quantity of iron in this water, it contains it in sufficient quantity to supply the demand of the system even in chlorosis, provided the quantity taken is appropriated by the vital process of assimilation. It is also a well known fact that the serum of the blood, in chlorosis, is also altered—deficient in its chloride of sodium, and hence its density diminished—or, as is often said in parlance, it is too watery. Here, then, we have the combined action of the two ingredients (chloride of sodium and iron) in their curative effect in such cases; and it is, no doubt, in great degree owing to this happy combination that this water has proved so beneficial in these cases of chlorosis, and of the numerous sequelæ of intermittent and remittent fever (such as ascites, enlarged spleens, engorged uteri, and those anæmic debilitated conditions which follow repeated attacks of these fevers), in all of which there is loss of the red and increase of the white globules of the blood, or diminution of the quantity of iron, and of the density of the serum, from want of saline ingredients.

Bromide of sodium, also present in the water, is well known as an alterative, and is now much used as a remedy in nervous disorders.

Free carbonic acid also adds much to it as a remedial agent, rendering it light and palatable, and giving it a gently stimulant action.

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THERAPEUTICS.

The peculiar, and sometimes unexpected good results arising from the use of mineral waters, as compared with the use of artificial compounds based upon their analysis, have long been an enigma to the medical world, and various attempts have been made to explain this difference. Prominent among these are change of air, diet and scenery, mental influence and social surroundings, benefit of travel, and residence, for the time, in more healthy regions.

Much, no doubt, in many instances is due to these influences, yet they do not apply to the experiences upon which the virtues of this well are based, as its effects were first unexpectedly noticed upon the citizens of the town, whose surroundings in every respect remained the same; the only difference being the use of this water.

The two following cases are given (being among the first to attract attention to its curative properties,) as an illustration of this fact:

Mr. M. C. H., a well known and highly respected citizen of our town, aged over sixty, had from close attention to business (merchant) become dyspeptic to such an extent that he despaired of ever obtaining permanent relief. His general health had so much deteriorated that his friends would not have been surprised at a fatal termination at almost any time. It so happened that two of his negroes were employed by the town in boring the well, and hence he frequently looked after the progress of the work. When a small stream of water was first obtained at a depth of 900 feet, he began the use of it. Soon perceiving an improvement in his condition, he continued its use and became very fond of it. The result was, that upon the completion of the well, some twelve months after this, he found himself restored to good health, and for a number of years after enjoyed an entire exemption from his dyspeptic symptoms, and was able to lead an active business life until his death (from apoplexy) at the age of seventy-four. Mr. H. had

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spent some time at Saratoga the summer before, and noticed the similarity of the two waters; hence his use of it.

The second case was that of Mr. Grove, a gentleman of about thirty-five, who had settled here to follow his occupation as a silversmith. He had been a sufferer from dyspepsia for a number of years; had tried medical aid until wearied with failure; had resorted to the springs of Virginia and New York without material benefit; had then spent a summer on the Rocky Mountains hunting, and had now "come here (to use his own language) to die." He had not come to use the water, for then it had no reputation, or only a local one. He, however, commenced its use daily, and within six months considered himself almost well. At the expiration of twelve months he left the town, to all appearances in good health. His subsequent history I am unable to give.

I am permitted to make public the following cases as bearing specially upon the curative power of this water in cases which are the result of long exposure to malarious influences and repeated attacks of malarial fever:

Mrs. J. R. F., a well known resident of Gainesville, Ala., had suffered for a number of years from repeated attacks of intermittent and remittent fever, until from a naturally robust woman she had become an invalid. Her complexion had become dark, muddy and sallow, usually spoken of as denoting biliousness. Her spleen and liver were engorged and enlarged, her appetite gone, her muscular strength destroyed, and her mind, from continued ill health, became gloomy and desponding. To this deplorable condition a still worse one was added. Her uterus now became subjected to engorgements during her attacks of intermittent fever, which resulted in a continuous uterine hemorrhage. This soon reduced her to such a debilitated and anæmic condition, that she was confined to her bed.

Her position was such as to enable her to procure all necessary attention, and she received all the medical aid that the sympathy of kind friends and skilful physicians could suggest, but without material benefit.

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A visit to the Lauderdale White Sulphur and Chalybeate Springs was next tried with the same want of benefit.

At my request she consented to try the Livingston artesian well. Unable to sit up, she was brought to my house on a bed in her carriage. She was now reduced to extreme debility, her hemorrhage was constant and severe, and her spleen and liver much enlarged; in a word, presented the appearance of the worst form of malarial anæmia. Aware that she had received skilful medical attention, and having great confidence in the curative effects of the artesian water in such cases, I determined to trust her to this alone. She drank the water, and also bathed in it daily.

In two weeks perceptible improvement had begun. Her appetite increased, her digestion improved, and her failing strength began to rally. Space will not permit me to follow this case in detail. From the daily use of the water alone (I did not give any other remedy), in six weeks her complexion had become better, her appetite good, her hemorrhage ceased, and she was able to walk to the well (some two hundred yards) and drink at the fountain itself the life-giving water. At the end of two months she returned to her home rejoicing in a good degree of health, to the joy of her friends and amazement of her medical attendants.

After remaining at home about six months her hemorrhage returned. She was advised to resort at once to the artesian water, but not wishing to leave home she remained, and submitted to medical treatment, in the hope that she might be benefitted. But she gradually grew worse, until she found herself so greatly debilitated as to be confined to her bed. In this condition she was again brought to my house on a bed in her carriage. The water was alone used, as before. She began to improve at once, and in two months returned home restored to health; and up to the present time continues in excellent health.

This was fifteen years ago, and this lady is still robust and healthy. The curative effect here was remarkable, and must be attributed to the use of this water alone, as no

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other remedy was used during either time of her stay at my house.

The following case also illustrates the same point; the local manifestation here being a deranged liver, and dyspepsia: Mr. Edward Thomas, of Choctaw county, Alabama, aged 24, had an uneasy, troublesome pain in the region of the stomach. This commenced in the spring of 1875. Had been subject to severe and frequent attacks of bilious colic; bowels were constipated, digestion was so deranged that he could find nothing to agree with him. During the summer he became very much emaciated, and could, with difficulty, walk. The slightest exertion caused a sense of weariness and suffocation. In this condition he came to Livingston, in November, 1875. He was sallow, pale, emaciated, and looked almost cadaverous. His digestion was impaired to such an extent that he could not assimilate sufficient food for nourishment, and he weighed only 100 pounds.

His nervous system was greatly deranged, and there was a great degree of sensitiveness to the least exposure to cold; so much that he wore habitually a double supply of clothing, and even in warm weather constantly wrapped himself in a heavy blanket.

He commenced a daily and free use of the water, using no other remedies than a few laxative pills. Improvement was gradual, but soon very perceptible. His digestion was restored, the nutritive process reinstated, the blood restored to a right state, and by the 1st of January, 1876, color began to return in his face. He rapidly gained flesh, his muscles were restored to action, and his dragging, feeble gait became more elastic. By the first of April, 1876, he was enabled to commence cutting and hauling firewood to town, and by the next November was a stout, active, athletic young man, weighing 160 pounds, and rejoicing in his ability to engage with the other young men of the place in the active sport of base ball.

Twenty years of clinical observation of its beneficial effects in a variety of cases, have convinced me that it pos-

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sesses curative powers of a high degree, and applicable to a great variety of cases; and did the occasion and time permit I could detail many cases in support of this position.

Among those who have tested its virtues were cases of dyspepsia in its various forms, urinary troubles of kidney and bladder, malarial cachexia, enlarged spleens and livers, dropsies, anæmia and chlorosis, marasmus, and engorgements and inflammations of the uterus and ovaries, with their protean train of nervous derangements, which, when the emotional feelings are highly developed, are known as hysteria; a condition often met with, and which has never received the care and attention from physicians, and sympathy from friends, which these unfortunate sufferers deserve and require for successful treatment. Such conditions, often spoken of as "nervous exhaustion," are met with in both males and females, from overwork, mental and physical, or from that constant "worry" which attends the varied routine duties of life, the ravages of chronic diseases, or the depressions attendant upon blasted hopes and prospects.

These nervous disorders, whether in males or females, deserve particular notice; and I am led to believe we have for them, here, a remedy of great virtue.

Generally we find them in females, and I cannot refrain from quoting the graphic language of Dr. Mitchell, in his little book, "Fat and Blood, and How to Make Them:"

"No matter how it comes about, the woman grows pale and thin, eats little, or if she eats does not profit by it. Everything wearies her—to sew, to write, to read, to walk—and by-and-by the sofa or the bed is her only comfort. Every effort is paid for dearly, and she describes herself as aching and sore, as sleeping ill and needing constant stimulus and endless tonics. Then comes the mischievous *role* of bromides, opium, chloral and brandy. If the case did not begin with uterine troubles, they soon appear; and are generally treated in vain, if the *general means employed to build up the health fail*—as in many cases they do fail."

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The secret of success in such cases is pointed out in the line above italicised, and my observation, extending through a number of years, has given me the greatest confidence in the artesian mineral water of this place, as a remedy of rare merit, among "general means employed to build up the health." It soon relieves the dyspeptic symptoms, an invariable accompaniment of these cases, through its alterative properties, promotes the nutritive functions, builds up the "waste places" of the system, restores proper nervous energy and action, and thus, through the channels of nature, gives "blood and fat" and health to these weary ones.

In this connection I will give the following letter addressed to me by a lady who had, for years, been one of "these weary ones:"

Mrs. H. L. James, of Livingston, Alabama, writes: After a residence of ten years in Florida, whose mild climate and sea breezes failed to arrest chronic liver disease and dyspepsia, which had ravaged my constitution since the age of fourteen years, I came to Livingston, in November last, completely broken down in body and mind. I used the artesian water at first as one who has ceased to expect benefit from any source; but in two weeks I felt such a change that I was induced to use it altogether. At this date I am so changed in all respects, in regard to health, feelings and strength, that I do not doubt that I shall speedily recover. I have gained thirty pounds in weight, feel hopeful and cheerful, and suffer no longer from that physical and mental weakness which has for so many years rendered my life a burden. It is very fortunate for me and my family that I came to Livingston, for no one in my condition could hope to live very long. I am certain that there exists no remedy like the artesian water for the many sore afflictions to which women are liable, and most earnestly do I recommend its use to all those who suffer."

Another marked case of this class came under my observation last summer. Miss M., of Enterprise, Miss., came here in August. She was anæmic and pale, with an expres-

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sion of care and despondency which clouded a naturally pleasant and merry face. Her movements were slow and languid, as if every motion required an effort. This extended to the faint smile with which she attempted to conceal her despondency, and even "the voice took a dreary tone." The least exertion awakened a quick, palpitating action of the heart, and her "breath came gaspingly and thick." Her digestion was very much impaired, and what little food she did take was not assimilated, from a want of proper nervous influence. Day by day she was withering on the stalk of life. The nutritive and secretory functions were in abeyance, and functional irregularities of the uterine system weakened her vital and mental energies. Dark as seemed the picture, I confidently pointed her to a brighter future, and trusted her case mainly to the virtues of the water, aided only by a few adjuvants which varying symptoms indicated. I was not disappointed. In a few weeks improvement began; soon she was able to walk from her boarding house—a quarter of a mile—to the well, with but little fatigue. By the middle of October, her heart's action was firm and steady, the rosy tint of health had returned to her cheeks, buoyancy to her movements, and hopeful cheerfulness to her mind. She was no longer the "weary one," but the bright, buoyant, gladsome girl again.

Dyspepsia.—The effects of this water in overcoming dyspepsia has already been pointed out, and illustrated in the cases of Mr. M. C. H. and Mr. Grove, and in the cases of Mrs. James and Miss M.; though these last were peculiarly marked as cases of nervous exhaustion (neurasthenia); but I will add to these two other cases, showing its beneficial effect in this disease and in chronic dysentery and diarrhœa. It is in the relief of these that its chief virtue is found.

In 1875 a company of United States soldiers were stationed in Livingston. Dr. S. S. Beach, of Atlanta, had become broken down in health, and with the hope of regaining his health gave up his private practice in the city, and accepted the position of Acting Assistant Surgeon with this

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company. On his return to Atlanta in February, 1877, he wrote me as follows:

"When I began to use the artesian water at Livingston, Sumter county, Ala., I was suffering from chronic diarrhœa which had existed for about eighteen months, and had resisted the skill both of my medical friends and myself. Anterior to the chronic diarrhœa, I had been subject, for many years, to dyspepsia, resulting from nervous debility of the digestive organs. After about six weeks use of the water, I was completely cured of diarrhœa and dyspepsia; and have remained free from those diseases since (about two years). I gained fifteen pounds in weight during my six weeks of recovery. I visited the well again last summer, when I was suffering from nervous debility, and was greatly relieved during the two weeks I remained there. I really believe, as a medical man of thirty-five years observation, that the water of the artesian well at Livingston is the finest tonic I know of, for all diseases resulting from debility of the digestive organs."

The following letters further illustrate the curative effects of this water in chronic bowel affections and dyspepsia:

Mr. P. R. Lewis, of Clinton, Mississippi, writes: "I am seventy-one years old. In the spring of 1878 I had a severe attack of diarrhœa, which became chronic and debilitated me so much that I was scarcely able to walk. The middle of August I left home for Hanna's Springs, Georgia, where I remained one month with but little or no benefit. I started for home and reached Livingston, Alabama, in September, intending to remain only a few days with a friend, but was detained there by quarantine restrictions on the railroad west of that place. While here I commenced the use of the artesian well water. In two weeks I began to improve, and in one month had gained thirty pounds in weight, and felt comparatively well. Fortunately for me, I was forced to remain by quarantine restrictions until the first of November, when I returned to my home entirely well. Since my return home I remain well and can undergo

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as much fatigue as most men of my age. I attribute my restoration to health to the artesian water."

Mr. J. A. Crosby, of Shubuta, Mississippi, writes: "In the early part of 1882 my little daughter Mary, two years old, had an attack of measles, followed by whooping cough. The result was an anæmic, debilitated condition with general dropsy. Her abdomen, neck and legs were swollen until she looked unnatural. She was unable to retain her urine, and suffered much pain in passing it. Her bowels were disordered, and she could retain no food on her stomach. Her case was looked upon as almost hopeless. As a last resort, I carried her in March to Livingston, Alabama, to try the artesian water. She took no medicines, but drank freely of the water, of which she was very fond from the first. She soon began to mend. Her bowels and stomach became in good condition. In two months the dropsy disappeared, and she was restored to complete health. I cannot cease to be grateful for the thought that caused me to carry her to this fountain of health."

D. T. Morrow, M. D., of Gadsden, writes: "My son, Thomas, eighteen years old, had become so much afflicted with dyspepsia that I began to fear a fatal result. From weighing 150 pounds he had become emaciated to 115 pounds. He was unable to retain any kind of food on the stomach, and was so debilitated as to be unable to walk or take any kind of exercise without great fatigue, accompanied by a sense of suffocation and palpitation of the heart. He had also become very despondent, and life seemed a burden to him.

"In this condition I sent him, in the spring of 1882, to Livingston, to use the artesian water of that place. In a few weeks, improvement began and was continuous, until at the end of two months he was entirely restored to health.

"To use his own language, 'was able to hunt, work, and go as other boys.' He used no other remedy while at Livingston than the artesian water, with care in his diet and moderate exercise.

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"I may state that I, also, am a dyspeptic, and have been much benefited by the water, which I had shipped to me so as to use it at home. I cannot too strongly recommend it to dyspeptics."

I might add to these, numerous cases which have come under my observation, but these are sufficient to give the salient points of the usefulness of this water, and I forbear further trespass upon your time, and will close with a few

GENERAL SUGGESTIONS.

(1) The first remark I would make here is, that no mineral water is suited to all cases. A very general idea prevails, that a mineral water is as well suited to one character of diseases as another, and hence we find patients resorting to them without any regard to the nature of their diseases, or knowledge of the medicinal properties of the water. In this way the patient, if not injured, is not benefited, confidence is lost in the virtue of mineral waters, and the reputation of the water injured. Sufficient data, I trust, have been given in the foregoing pages to direct physicians to advise their patients with probable correctness in this matter in regard to the Livingston water. Patients should always consult their physicians in regard to this, or correspond with the resident physician of the spring to which they propose to go.

(2) It may be laid down as a rule, that mineral waters are only applicable to chronic affections, and those debilitated states of the system which follow as a sequence of acute disease, overtasking the powers of mind or body, or continued exposure to climatic or other deleterious influences. True, there are some of the alkaline, or the carbonated saline waters, which answer well to relieve the effects of a debauch, or imprudence in diet, yet, their remote or alterative effect, is the one to which we must look for their main action.

(3) Hence, time is a necessary factor to secure their proper effect, and give the water a fair trial. Many persons

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resort to mineral waters, ignorant of this fact, expecting speedy relief, and go away disappointed, too soon to have derived any benefit, whereas a longer stay would have resulted in relief. This idea of a sufficient time for the water to have its alterative effect, cannot be too strongly urged upon invalids visiting mineral springs.

(4) Invalids should use mineral waters, which are often strong medicinal agents, with the same judicious care that they would use any other medicinal agent. It is well known to those who have had experience in this matter, that the same water acts differently upon different persons, and even differently upon the same person at different times. This is due to the character of the disease, or the condition of the system. Hence it is necessary that we have a correct idea of the character of the disease and the condition of the system, and the medicinal properties of the water, before we can direct in an intelligent way the method of using any given water.

(5) Prudence in diet, and systematic exercise are also important. Many invalids (and this remark applies especially to those with dyspepsia and chronic affections of the bowels) think now that they have free access to a mineral water, which has reputation for the cure of dyspepsia, or bowel affections, they may eat anything with impunity. Nothing is more erroneous. At water resorts as well as elsewhere, prudence and circumspection in diet must be used. Often have I seen patients just beginning to improve, after a few weeks use of the water has restored to some extent the appetite, lose by a single imprudent indulgence at the table all that had been gained in weeks. Exercise, when the strength of the patient will admit, should be taken daily in the open air, avoiding fatigue; and also avoiding late hours at night and excessive exercise in heated rooms.

(6) The time of year best suited to the use of mineral waters. In the more northern places, on account of the severe cold of the winter, summer is the time usually selected; but here the climate is pleasant (except for a few

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days) during the entire winter, and this water can, hence, be well used at any season of the year; in fact, offers a pleasant winter resort to those desiring to avoid the severe cold of a nothern winter. But the most favorable time for this place is in the spring and fall, thereby avoiding the heat of the summer, and the sometimes cold and damp weather of winter.

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TWENTY-FIVE SUCCESSIVE EXTRACTIONS OF CATARACT WITHOUT A FAILURE.

BY BENJAMIN J. BALDWIN, M. D., OF MONTGOMERY.

I do not intend to go into a lengthy discussion of the varieties, causes, or pathology of cataract. Before detailing, however, the clinical facts derived from a few cases I have lately operated on, I wish to say something of the original operation, and the successive changes which it has undergone. In reviewing, briefly, the history of the operation for cataract, I can not do better than quote from the American Journal of Opthalmology. In the December number will be found a graphic and beautiful address by Dr. Hatenhoff at the occasion of unveiling a monument in the Geneva Cemetery in memory of the distinguished oculist, Daviel. Before the stone was unveiled Dr. Hatenhoff called to the memory of those present by what rights Jacques Daviel had merited the admiration and the thanks of posterity. About the middle of the 18th century the healing art had barely emancipated itself from the manacles of the scholastic tradition so almighty in that age. The progressive movement which was destined to create a new branch, that of the natural sciences, had, it is true, commenced, but opthalmology had not been benefited by this progress, and it remained almost entirely in the hands of ignorant charlatans. The most important operation in opthalmic surgery, the cataract operation, was practiced by wandering oculists on the public squares, and it consisted merely in depressing the opaque crystalline lens into the vitreous fluid in order to free the pupil from it. This operation was immediately followed by sight, consequently the operators produced a marvelous impression on both the

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patient and the lookers on. Unfortunately, though, it was soon followed by an inflammation of the eye ball, and in most cases the eye was finally lost under long suffering. The fellow eye, even, through sympathetic imflammation, sometimes showed the evil consequences. Notwithstanding these baneful results couching had been practiced for centuries, and it remained for a young Norman surgeon to rise against this old practice. He bravely denounced the old method of depressing, and firmly declared that the cataract ought to be extracted from the eye, and he published a method invented for this purpose with which he had had great success, but this innovation was little believed in and he was fiercely attacked by the faculties of medicine, the scientific academies, and the medical journals. Jacques Daviel accepted the fight with untiring ardor and energy, and produced new proof in several hundred cataract extractions by his method. His reputation soon extended over Europe, but he died before he had the consolation of seeing his ideas triumph. The admirers and adversaries of Daviel's operation did not die with him, but the opposition was so strong it was not until the middle of our century that extraction was universally adopted as the only National operation for cataract. The operation since that time has undergone some modifications and the instruments have been entirely changed, but the principle is still Daviel's. The extraction of cataract to-day is one of the most certain and brilliant operations in surgery, and every year thousands of blind people are restored to sight. This is due to Daviel. France is justly proud of this benefactor, but as science and charity have no fatherland, Daviel's glory is universal and his name and his conquest belong to all civilized nations. The chief among those who have modified and improved Daniel's method is Von Graefe, and his operation, with slight changes, is the one most universally followed in our time. Important variations and modifications have, also, been suggested by Pagenstecker and Galozauski, and very lately the distinguished oculist of New York, Dr.

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D. B. St. John Roosa, has given to the profession a novel and promising procedure by which the lens is extracted in its capsule and an iridectomy avoided.

I do not claim anything unusual in the following cases, but the point I wish to call attention to is that in every case the incision has been made well into the corneal substance, and out of the twenty-five successive cases I have had no failure. In one of the cases included in this list I performed a double extraction and both eyes were lost, but this failure was in no wise my fault. The patient was a woman of a rather low order of intellect, and she became uncontrollable from violent emotional disturbances, and the eye was destroyed before the bandage could be applied. I think, therefore, that justice will allow me to claim no failures. Another point I wish to emphasize, is that I have used no disinfectants. I do not consider them necessary outside of hospital walls. In this connection I wish to say, parenthetically, that I have been very much interested—and I pray forgiveness for saying so—rather amused at the scrupulous disinfection of the eye lids and eye balls, and the hysterical anxiety to have even both eyes deluged in solutions of boracic and bichloride of mercury, preceding every operation, exhibited for the last year by many able opthalmologists.

I do not desire to place myself in harsh opposition to this eminently high authority, nor will I deny that disinfectants may often do good in the poisoned walls of old hospitals, but I do assert that, in my humble opinion, anything more than cleanliness in the extraction of cataract, outside of the hospital, is unnecessary and sometimes even harmful. Disinfection is a hobby well nigh rid' to death. I do not believe, furthermore, that there exist, in all space, a deadly venom ready and anxious to leap into every wound to hasten the part on to destruction. There is bread that hath no leaven, and air, as well, without germs. Many of my friends may think this unpardonable heterodoxy; and my German confreres will no doubt stand aghast, but I am con-

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fident that they will sooner or later come to the conclusion that the world is not so soaked in bacteria as they at present imagine. It is difficult to conceive that an all-wise and ever merciful Maker would have so filled His universe with these infinitessimal death worms, and that fresh air and sunshine are simply the danger-house from which they may be summoned when an opportunity to attack a wound arises. But alas! the claim of the bacteriologists is not half unfolded! for we are now told that bacteria are ever present, even in the inner man. The recent and novel doctrine of M. Gautheir, that in the natural and normal course of all tissue activity, poisonous alkaloids are constantly developed, cannot fail to create alarm, and the announcement of this eminent physiologist, before the academy of medicine of Paris, of the discovery of the continual manufacturing of poisons in all healthy vital action, cannot be considered without feelings of the greatest consternation.

In upholding Gautheir's theory Prof. Peters asks, "can the medical mind hesitate a moment between the parasitic doctrines, full of shadowy hypotheses, and this new doctrine as luminous as it is precise, which explains the phenomena of normal and abnormal life by life itself in action?" We are led, then, to the forlorn doctrine that life is a putrefactive process, and that we are constantly subjected to the danger of auto-infection from these micro-organisms.

May the shades of Æsculapius hover over us, and abide with us in these days of vain hope until some guiding genius can steer us into the realms of a more cheerful pathology; for, alas! there is now no health in us, or around us. It is sad and hard to believe, however, that the flags of health flying in the cheeks of a strong, robust, healthy, and rollicking boy are but masks hiding the constantly accumulating and revolving canker worm which may at any time take him away. Can the bacteriologist tell us anything more awful of ourselves? I hope Gautheir's doctrine will never be eclipsed in its extremity, for verily he has brought us face to face with that discomforting old proverb that "in

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the midst of life we are in death." There are many bacteriolistic oculists who will gladly follow Gautheir, I cannot.

In conclusion, I wish to repeat that as far as the relation of bacteria to the eye is concerned, I do think there is a tremendously big fuss made over a prodigiously small cause. I think the eye protects itself very thoroughly after all operations from the entrance of all bacteria by its unwillingness and inability to open.

CASE No. 1.—Mrs. Wyatt, of Montgomery, aged 63, duration of cataract, two years. Graefe's modified operation. Eighth day, a little iritis, which lasted only a few days. Discharged on the 16th day. Final vision, 20-70. Reads J. No. 2.

CASE No. 2.—Ben. Fitzpatrick, Wetumpka, age 72 years. Duration of cataract three years. Incision made well into the cornea. Slight iritis on the tenth day. Final vision, 20-70.

CASE No. 3.—Rev. James Allen, Jemison, aged 74 years. Had been blind in both eyes from cataract for ten years. Incision made well into the cornea. This patient recovered without a single unpleasant symptom. Final vision equal to 20-50. Reads J. No. 1, by candle light.

CASE No. 4.—M. Fitzpatrick, of Montgomery county, aged 54 years. Duration of cataract eighteen months. Slight hemorrhage from the iris. Iritis on the 11th day, which lasted one week. Final vision, 20-50.

CASE No. 5.—Richard J., Mt. Carmel, aged 58 years. Diabetic cataract, duration ten months. Incision made well into the corneal substance. Considerable soft matter was left behind. Iritis the 10th day, which lasted three days. Final vision, 20-70.

CASE No. 6.—Jack B., Union Springs, aged 68 years. Duration of cataract four years. Incision made well into the cornea. Slight hemorrhage from the iris. Iritis on the 10th day. Final vision, 20-70.

CASE No. 7.—March Barnett, Mountain Creek, aged 78

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years. Duration of cataract three years. Recovered without an unpleasant symptom. Final vision, 20-50.

CASE No. 8.—Arthur W., Montgomery, age 60 years. Duration of cataract ten years. This patient recovered within three weeks with good vision.

CASE No. 9.—Thomas Blake, Ft. Deposit, age 68 years. Duration of cataract four years. Graefe's modified operation. Slight iritis on the 12th day. Final vision, 20-40. Reads J. No. 1.

CASE No. 10.—James H., Wetumpka, age 72 years. Incision made well into the cornea. Iritis on the 10th day. Patient struck the eye with his hand on the 14th day and the corneal wound was reopened. Notwithstanding this, he gained sight enough to see his way around.

CASE No. 11.—M. Pope, Talladega. Duration of cataract two years. Usual operation. Iritis on the 10th day, which lasted one week. Final vision, 20-100.

CASE No. 12.—Susan Pettus, Union Springs, age 64 years. Duration of cataract four years. Incision made well into the cornea, no unpleasant symptoms. Final vision, 20-100.

CASE No. 13.—Milton Roper, Clanton, age 48 years. Duration of cataract eight years. Usual operation, slight iritis on the 11th day. Final vision 20-40, and reads J. No. 1.

CASE No. 14.—Mary C., Rocky Mount, age 30 years. Diabetic cataract. Duration two years. Usual operation. Slight iritis on the 10th day. Reads J. No. 1.

CASE No. 15.—Mrs. M. C. Cox, Three Notch, age 71 years. Duration of cataract three years. Usual operation. Final vision, 20-70. Reads J. No. 1.

CASE No. 16.—Wm. Phillips, Uniontown, age 43 years. Duration of cataract thirty-two years. Usual operation. Slight loss of viterous. Final vision, 20-100. Reads J. No. 3.

CASE No. 17.—Asa Buzbee, Jemison, age 84 years. Duration of cataract ten years. Usual operation, and recovery without a single unpleasant symptom. Final vision, 20-50. Reads J. No. 1.

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CASE No. 18.—M. Bedford, Montgomery, age 72 years, duration of cataract two years, usual operation, slight iritis on the 10th day. Final vision 20–40, reads J. No. 1.

CASE No. 19.—John Barnett, Pike county, age 76 years, duration of cataract two years, usual operation. Final vision 20 50, reads J. No. 1.

CASE No. 20.—Mary C., Union Springs, age 62 years, duration of cataract four years, usual operation. Recovery without an unpleasant symptom. Final vision 20–70.

CASE No. 21.—Viney M., Union Springs, age 61 years, duration of cataract six years, double extraction and loss of both eyes from hysterical and uncontrollable emotion.

CASE No. 23.—John Griffin, LaPlace, age 78 years, duration of cataract three years, usual operation and final vision 20–200.

CASE No. 24.—John S., Union Springs, age 68 years, duration of cataract six years, usual operation, slight iritis on the 7th day. Final vision 20–200.

CASE No. 25.—Rev. John Crowell, Girard, age 74 years, duration of cataract three years, usual operation and recovery without a single unpleasant symptom. Six months after the extraction a needling had to be done in consequence of a membraneous formation. Final vision 20–50, reads J. No. 2.

Nearly all of the above extractions were done under the influence of cocaine, and I have yet to see any injurious effect of this drug on the immediate or remote results of this operation. Cocaine is a popular scapegoat these days for failures. No matter what happens some operators think they are safe in drawing their mantles around them, and exclaiming, "cocaine did it!" My experience with the drug still maintains my confidence in it.

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THE SKUNK—A PROBABLE CAUSE OF RABIES AND HYDROPHOBIA.

BY GEORGE W. M'DADE M. D., OF MONTGOMERY.

The skunk, commonly known in this country as the polecat, is described by Zoologists as "an American carniverous mammal of the weazel family, badger sub-family and genus mephitis; nocturnal in their habits and feed on animal substances. Though weak, timid and slow in their motions, they are effectually armed against the most ferocious enemies in an acrid and exceedingly offensive fluid secreted by two glands whose ducts open near the anus. These glands are surrounded by a thick muscular covering whose contractions are sufficient to eject the fluid to a distance of fourteen feet (cuv.). The skunk is one of the best known and probably most universally detested animals in the United States," though very beautiful in appearance.

When about to use its natural means of defense, it raises its tail over the back and ejects the secretion in two thread like streams with great force and accuracy. The prevalent idea that it urinates upon the tail and throws it upon its enemy is erroneous. The urine is not any more offensive than that of other animals of that order. "It is almost impossible to remove the odor from clothes impregnated with it, and a dog which has been touched by it is a nuisance for months. The fluid is said to be phosphorescent at night. It has been recommended as a remedy in asthma, histeria and nervous diseases, given in doses of one drop three times a day, but the odor so impregnates the secretions of the body that the remedy is worse than the disease."

The skunk is a very cleanly animal and never allows its

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fur to become soiled by its secretions. They burrow in the ground, where they remain during the cold weather. They provide no winter supplies, but retire fat, remain inactive, though not properly hibernating."

There are several species of the skunk, among them the white backed (mephitis mesoleuca, Licht) with broad uninterrupted white dorsal bands and white tail. The Texas skunk (mephitis varians, Gray), the California skunk (mephitis occidentalis, Baird). The two last are black, with much white, more continuous lateral stripes and longer tail mostly or entirely black. The little striped skunk or zorilla (mephitis bicolor, Gray), is the smallest and handsomest of the genus; it is black, with four parallel and uninterrupted dorsal stripes, and black tail with white pensils at the end. The black backed skunk (mephitis mesomelas, Licht) has densely hairy soles. All of these species have the same secretory duct, acrid, offensive and defensive.

During my residence in Fayette county, Texas, from the year 1873 to 1876, inclusive, I noticed in the newspapers of the State frequent reports of persons dying from hydrophobia after being bitten by the skunk or pole-cat. The frequency of these reports led me to thinking that the cause of this terrible disease might be produced by the musk ejected by them. I was so much impressed with this idea that I decided to call the attention of the profession to it, but neglected doing so, until I gave it as my opinion before this society in January of the present year. On the following morning I learned in conversation with a gentleman who resided on the frontier of Texas, that the skunk bite was more dreaded by the frontiermen than that of the rattlesnake. They have learned from experience that persons bitten by these pests die of hydrophobia. There is no danger of them biting any one if they sleep on a bedstead or cot, it is only when asleep on the ground or floor that they are attacked. It is a very common practice for men to travel through the prairies of Texas, during the spring, summer and fall seasons and camp out, often with no shelter

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but the live-oak tree. These migrating parties carry their provisions and cooking utensils; when night overtakes them they tether their horses, build a fire, cook, eat, and then stretch themselves upon the grass and are soon asleep. When everything becomes quiet, the skunks, which are numerous, attracted by the smell of the provisions, steal into camp in search of food. If disturbed, they pounce upon the unlucky individual. It frequently happens that they seize upon the finger or hand of the unconscious sleeper, which savors of the food. The bite awakens the individual, the skunk turns tail and uses its weapon of defense. The musk is ejected in two thread-like streams, causing such a sickening stench, as to vomit even the dogs. I related my views to W. R. King, M. D., who agreed with me. He related an incident which he witnessed in Kentucky. Himself and brother-in-law were riding through the woods, came upon a skunk, hissed two dogs upon it; the dogs eventually seized and killed it. In two weeks one of the dogs "went mad," rabid, and bit a calf. In two weeks more the calf "went mad," rabid, and died on the second day in violent convulsions. The other dog disappeared about the time the one became rabid, and was never heard of afterwards.

Dr. King also stated: "This reminds me, the mother of the child whom I treated for hydrophobia (the history of this case he had previously related to me,) said that the house cat which bit her child had had a fight with a skunk some two or three weeks previous to the house cat becoming rabid."

Since the reading of this paper (May) in the July number, page 61 of the Alabama Medical and Surgical Journal, the editor gives additional testimony, reporting a case which came under his observation when a boy. "The dog received a bite on the nose, and together with his master a thorough sprinkling of the fœtid fluid of the skunk." We do not remember the time which elapsed before symptoms of the disease became manifest in the dog, but it went mad and was shot before it could bite anything.

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These cases further convinced me of the correctness of my theory, that the disease known as hydrophobia in man and rabies in the lower animals originates in the skunk. If these pests, which enter the camps of the frontiermen were rabid, I would not have been astonished at the development of hydrophobia in their victims, nor suspected them of originating the dreadful disease. They were not rabid. Rabid animals seldom take food; much less would they wait until everything became quiet in camp, then steal in in search of it; besides, a rabid animal has lost all sense of fear. They are truly, as expressed, "mad," hence I conclude they are not diseased, but healthy animals.

Recently, I have read in the Medical Record, February 20th, 1886, an article from A. G. Chase, M. D. The doctor calls attention to a report of John G. Janeway, M. D., Assistant Surgeon U. S. A. (printed in the Record, Vol. X, 1875, page 177), in which they call the attention of the profession to the bite of the skunk and the affluvia and saliva as the inoculating fluids which produce the disease of hydrophobia. I had never, I am sorry to say, heard of Dr. Janeway's report. Again, in the March 13th No. (1886) of the Record, is an article from W. Thornton Parker, referring to the bite of the skunk as a cause of the disease. I had been solicited by my friends, among whom were Drs. J. S. Weatherly and B. J. Baldwin, to give publicity to my views, stating "probably this may be the origin of the whole thing." Their requests, the recent researches of M. Pasteur, and the numerous notices in the medical journals and newspapers, have induced me to give my views of the origin of hydrophobia and rabies, which I contemplated doing since 1876. It is quite as reasonable that the musk from the skunk, which is secreted by the glands, should prove poisonous to animals as the fluid from the secretory glands of the snake, spider, &c. I think it very probable. The investigations of scientists have not proven the contrary thus far. It is also very probable that this virus has a stage of incubation, varying from weeks to months, and even years, (according

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to the best authors on the poisonous saliva of the rabid dog,) which I conceive the skunk musk the parent of, and accounts for the development of this disease in dogs, which heretofore has been clouded in so much mystery. It is also probable other members of the badger family may secrete a virus capable of producing the same diseases. I disagree with Drs. Chase and Janeway and Mr. Parker, that the disease is produced by the effluvia. The effluvia penetrates the clothing, hair, in fact everything. If this be true, it would be absorbed when inhaled, or any abraded surface or sore would become inoculated.

My opinion is that the fluid ejected from the glands is thrown upon the wounds made by the teeth and nails of the skunk, is absorbed, remains in an inert stage, or stage of incubation for an indefinite time, varying as in the case of the poisonous salvia of the rabid dog. I also disagree with these gentlemen that the disease is produced by the saliva of the skunk. It is well known that these animals, when deprived of their musk glands, are inoffensive, and, when domesticated, are beautiful, useful pets, and excellent mousers. The frontiersmen think that it is necessary also to castrate them, which I doubt. The testes are not the glands which secrete the virus. Fortunately, it is not every time that the skunk bites a man or an animal that the poison is absorbed. If the wound bleeds freely the poisonous fluid may be washed off; if bitten through the clothing or hair, the wound is protected, consequently does not come in contact with the abraded surface.

I have thrown out these suggestions with the hope that this may stimulate some one to fully investigate the subject, believing that something important to our science may be discovered thereby. In the mean time I shall endeavor to add something myself by practical experiments. I have engaged a man to entrap a skunk for me, and if he is successful, I will report at the proper time the results of the inoculations.

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THE PRESENT ASPECT OF THE ANTIPYRETIC TREATMENT OF FEVER.

BY FRANK TIPTON, M. D., OF SELMA,

Ex-Vice President and Junior Counsellor of the Medical Association of the State of Alabama.

There is something in the words antipyretic, or antipyretic treatment that carries with them a peculiar fascination to the earnest worker in medicine. There is an air of positiveness about the subject that claims our most respectful attention, and rivets the eye invariably as we turn the pages of our medical literature in search of practical and available information. The changes wrought in the details of this treatment in the past few years are interesting and important, and are well worthy of our most careful and thoughtful consideration. It is to these changes that I desire more especially to direct your attention, and to such practical measures as can be safely and successfully applied by the busy physician in his daily practice; measures which I have tested personally and can speak of unhesitatingly and without fear of misleading through my personal endorsement. When we have learned to control the violence of fever, to reduce its fervid heat within the bounds of safety, and thereby ward away the fatal consequences entailed by high and long sustained temperatures, we will have accomplished a measure which will affect either directly or remotely almost every condition of disease that we will be called upon to treat.

No wonder, then, is it that research in this field has been unusually active and unusually prolific of valuable results

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in the past quarter of a century, more especially in the past five or ten years; for truly, no other subject in the whole domain of medicine can show so broad a scope as this, or interest us more intensely than this ever present subject of fever.

Among the first and most powerful of the agents for reducing fever heat, cold water still holds its preëminence, wherever and whenever admissable. Yet its range of application has been greatly reduced in the past five years, especially in the treatment of idiopathic fever. Not but that it is still as potent for good as ever, but because other remedies less pertubating and less hazardous have come into use, and have superceded in great measure the use of the cold bath and cold wet sheet. Still there are times when all milder measures fail us, especially in the violent forms of fever in childhood where convulsions are threatning and cannot be controlled by any other measures save those addressed to heat reduction; the temperature climbs steadily upwards, in spite of all simpler efforts to reduce its violence, the brain reels and falters under the fiery torrent swiftly speeding through its vessels; the heart is failing, life is in peril, action imperative, and to hesitate now is to fail. We turn in vain to antipyrin, to quinine, to chloral and other sedatives, but at last are driven to that agent that alone of all the antipyretics never fails in lowering temperature, whether this reduction be for good or whether it be for evil, and that agent is cold water in one form or another. The means at our disposal for applying cold are numerous; the cold bath, the cold wet sheet, the cold pack, the cold water coil, the ice cap, and sponging with cold water; all active and useful methods in their proper place. Rectal injections of cold water, too, may be used with good results and little risk. Compresses, wrung out in cold water and laid along the breast and abdomen, frequently changed, are also most excellent in reducing high temperatures in children; so, too, is sponging the surface with cold water and fanning with large palmetto fans. The last two methods are favorite

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ones with me and have yielded me highly gratifying results. To be successful though, they must be persevered in until the temperature falls, no matter how long the process requires.

The patient should be dressed in a loose gown or night shirt, open down the back for convenience of access in the latter method. This should be thrown open all the way down, and the body freely sponged with equal parts of bay rum and water, or alcohol and water, and then fanned until thoroughly cool. The use of bay rum or alcohol will quiet any misgivings that the parent may have in reference to taking cold, etc. I always direct in addition to this that bladders of ice be kept to the head, and I keep on hand in summer a supply of cow's bladders for this purpose.

There are few temperatures that will not yield to these simple applications, together with the judicious use of antipyrin and antipyretic doses of quinine, and I have never found it necessary to resort to the full length cold bath, even in the most alarming conditions of high temperature, the wet sheet having always reduced the body heat within the limits of safety.

The highest temperature that I have yet seen that recovered, was in an infant in this city about a year old, which I saw in consultation. In this child the body heat as registered by one of Tiemann's tested thermometers was 107°. I advised the immediate use of the wet sheet, which was followed by a reduction of four degrees in an hour, and by the final recovery of the child.

When the temperature is exceedingly high, approaching hyperpyrexia, and does not break down under the ordinary measures; if it remains steadily, without fluctuation downward, at 105° or over, for twenty-four hours, then no further half-hearted measures should be temporized over; in the face of such grave conditions, to hesitate is little less than criminal; to fold the hands and trust to nature is to consign your patient to probable death, and to certain dangerous degrees of prostration from which he must rally by

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long and painful stages. The patient should be wrapped at once in a sheet wrung out in tepid water, unless he complains of chilly feelings, and fresh water applied from time to time, as the sheet becomes warm, by sprinkling the water over the sheet from an ordinary watering pot. This should be kept up continuously until the thermometer in the mouth registers below 103°. If the pulse grows weak and the extremities become cold, give stimulants freely and put hot bottles to the feet. I remember once seeing a case of rheumatic hyperrexia with delirium, kept continuously under this treatment in Bellevue Hospital for twenty-four hours. Whenever the sheet was removed the high temperature and the delirium would return again, and only yield to fresh applications of the cold water treatment. This patient finally recovered. As soon as the patient comes out of the wet sheet, or pack, unless too much prostrated, he should receive, if a child, from five to fifteen grains of quinine at one dose, according to age, and from twenty to thirty grains if an adult.

In using these apparently heroic measures, courage and constant personal supervision are eminently necessary, and they should be steadily persevered in until the temperature falls below 103°, unless serious symptoms of collapse or exhaustion threaten, whereupon the patient should be removed from the pack and dried at once, and hot bottles applied to the feet. When we have a very high grade of fever, with cold extremities and feeble pulse, my plan has been to rely upon sponging the surface with bay rum, the use of the ice cap to the head, twenty-five grain doses of quinine repeated every twelve hours, and five grain doses of carbonate of ammonia to stimulate the heart, repeated according to necessity. The quinine seldom fails to lower the heat after the second dose; by combining it with one twelfth of a grain of morphine and with some aromatic, its efficiency is greatly enhanced.

Last summer I had the misfortune to have in charge a case of typho-malarial fever that lasted about four months.

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During the career of this fever the temperature would now and then suddenly leap up to 104° and 105°, even as late as the ninth week, when the patient was little more than a skeleton, and the heart correspondingly weak. A few hours of this high temperature would change the whole physiognomy of the case, delirium would threaten, great restlessness ensue, and the pulse become very weak and feeble. I began this case with a family to nurse it thoroughly prejudiced against large doses of quinine. The first time the temperature ran up to 105° I said to his father, a man of unusual common sense and fine culture, "give him twenty grains of quinine and a tenth of a grain of morphine tonight at eight o'clock." At that time the patient was exceedingly hot, restless and uncomfortable. I saw that the father hesitated, but he said that he would follow my directions. The next morning I found my patient with a temperature of 101°, and very comfortable. His father said, "my heart sank within me when I gave my boy that large dose of quinine last night, and had it not have been that I knew you to be a careful and conservative man I would never have given it, but now I am with you heart and soul in your treatment, for I never in my life saw more positively beneficial effects from any drug, than from that twenty grain dose of quinine. Your patient fell asleep, his skin was soon covered with a copious sweat, his mind cleared as he awoke through the night for his milk, and altogether I felt as if I had a remedy that would surely control the violence of my son's fever in the future." After this I had no further trouble in keeping down this young man's temperature, for as soon as it rose above 103.5° his father would give him his dose of quinine and down would go his fever to 101°, and with it all his bad symptoms. During the four months in which he was confined to his bed, never once did his temperature exceed 103.5° longer than two or three hours; and during this long period never once did his mind so wander that he could not be at once recalled to his surroundings, and notwithstanding accident after accident that

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retarded his recovery and nearly cost him his life, there is not one incident in this severe and tedious illness that he does not now distinctly and easily remember. Compare this with the customary history of a continued fever of equal duration under the old plan, and how many can produce similar facts? Ask his father, a prominent minister in the city of Selma, to what he attributes most his son's recovery, and he will say, "twenty grain doses of quinine."

But I am digressing. Whenever in using the cold water treatment, the extremities remain cold and blue, and the heart continues to beat feebly, it should be discontinued, and the quinine and sponging the surface substituted. After reducing the temperature by the use of the sheet or the pack, then twenty or twenty-five grains of quinine should be given to an adult, and from five to fifteen to a child, to make the reduction permanent.

Finally, I would no more hesitate to wrap a patient dangerously threatened with high temperature, in a wet sheet than I would to bleed a woman whose life was threatened by puerperal convulsions, and I would no more hesitate to check a similar threatening temperature with quinine where the cold water treatment was unsuited or hazardous than I would to administer an opiate to relieve pain. That this declaration grates harshly on the ears of some of my older brothers I know, especially upon the ears of one for whose therapeutic acumen and general sagacity I have the most exalted respect and admiration, yet, I speak knowingly, and from the vantage ground of large and successful experience, and as the Great Creator is our judge, I would not consciously mislead or speak recklessly of any measure that affects so nearly the lives and hopes of my fellow-man. I speak thus because I believe, and I would that all my hearers could believe as I do, for I feel that not only their patients would be benefited, but they, themselves, saved many moments of anxiety and many hours of weary watching at the bed-side.

In some cases where we fear too great chilling by the use

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of cold water, the warm, wet pack may be used, first spreading a rubber cloth on the bed, then a blanket, and lastly, a sheet wrung out in warm water. On this the patient should be placed, entirely nude, and the sheet and blanket nicely tucked in around him. This will, generally, produce profuse sweating in a short time, and the temperature falls rapidly. The thermometer should be tried in the mouth frequently, and as soon as the temperature falls below 103° the patient should be removed from the pack and twenty grains of quinine administered to an adult, and from five to fifteen grains to a child. Smaller doses than this seldom do any good, and frequently larger ones will be required. Great reduction of heat can be sometimes accomplished by the ice bladders to the head and the large vessels of the neck, with wet compresses to the arms and cheeks.

After cold, on the list of antipyretics, quinine comes next in the certainty and permanency of its action, in my experience. Antipyrin may reduce the temperature more quickly, but the fall is not so lasting as that produced by quinine, and the drug must be repeated much oftener. When the stomach will bear it, quinine should be given in the comp. syrup of yerba santa, for it will accomplish in solution sometimes what it has failed to do in pills or capsules. When the stomach rejects it in all forms it should be given in thirty grain doses per rectum, either by enema in starch, or what is more elegant, in suppositories. Where it fails completely by mouth, in capsules, I always try it in solution and add from one-tenth to one-eighth of a grain of morphine, which always increases its antipyretic qualities very markedly. Where the stomach is very weak I use capsules, and give one every ten minutes until four are taken, and if twenty grains do not control the fever I increase the dose to twenty-five, and where the heart is strong, to thirty or thirty-five grains. Being by nature cautious and conservative, I began using quinine in these doses with some misgivings in my early practice, but now looking back over an experience of eighteen years, I do not remember a

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single case in which I ever felt that I had done a patient any serious harm, and I know I have done an immense amount of good with quinine given in this way. Occasionally one will fall upon a nervous patient who cannot take quinine or upon an idiosyncracy, which is something that I invariably respect; yet by combining your quinine with an opiate one can frequently give it in doses which would be impossible without it. Sometimes, particularly in nervous women and excitable children, it is a good plan to give a dose of chloral and bromide of potassium one hour before you give your sedative dose of quinine, as it allays the nervous irritability that interferes so seriously sometimes with the administration of quinine. In pneumonia, typhoid fever and puerperal fever, quinine is as potent for good when judiciously used as it is in malarial fevers in its role as an antipyretic. I never treat either disease without giving this drug in full, sedative doses, and I am well assured that the disease is thereby ameliorated, rendered less violent, and often abbreviated That I have cut short pneumonia with veratrum and large doses of quinine I feel as certain as I can feel of any existing thing or fact, and that where not cut short that the disease is greatly mitigated by this treatment, I feel also absolutely certain. In a word, I would as soon think of leaving out quinine in sedative doses in my treatment of bad cases of pneumonia, typhoid fever, scarlet fever, puerperal fever, in fact every disease accompanied by high fever, except meningitis, as I would of leaving it out in the treatment of intermittent fever. And yet I hear doctors constantly saying that they would not give this drug in doses of more than five grains, simply because it killed some dog dosed once upon a time with excessive quantities of it, or because some person with a quinine idiosyncracy was made very sick and nervous by it. What other strong drug in the whole gamut of remedies is there against which similar charges might not be preferred? Were we to be deterred by similar experiments with opium, how many of us would there be found with hypodermic

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syringes in our pockets? Timidity and prejudice have caused far more grievous sins by omission than did ever quinine by positive commission.

Gentlemen, not my words alone, but the words of many men far greater than we, have placed this mighty agent too firmly on its pedestal of solid worth, for storms of antiquated prejudice to shake, and I will not detain you longer by its unwarranted defense, but will speak next of the new drug that is just now boldly raising its head as the rival of this all-powerful and divine quinine. For the past year I have used this new remedy, antipyrin, largely in the treatment of malarial, typho-malarial and pneumonic fevers, and I have yet to see a case in which it did not reduce the temperature more or less in greater or less doses. Its effects are more evanescent though than quinine, and the drug must be repeated oftener. To reduce the temperature rapidly in cases where the intense blood heat may be threatening convulsions, delirium and other serious complications, I know of no drug that can be depended upon so confidently as this. It rarely fails to produce profuse sweating and a certain fall of temperature. I generally give it in solution with syrup of tolu to disguise the taste, unless it nauseates, then I use capsules or double the dose by the rectum. To a child I give from three to ten grains, according to age, every hour until free sweating is produced, or the temperature falls, or three consecutive doses are taken, then at longer intervals, telling the nurse or parent to discontinue the drug if collapse threatens. When the pulse is feeble, I order a stimulant before each dose of the drug, and if the stomach is weak I give it by enema in double the dose. This should be supplemented with quinine to hold the temperature down permanently. To adults, I have found fifteen grains every hour sufficient to accomplish all that the drug will do. Profuse sweating is the only disagreeable symptom that I have thus far noted in its administration.

Salicylate of soda is another agent valuable in reducing

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high temperatures in certain cases where the heart is strong, and especially where there is much complaint of muscular soreness and pain in the limbs. I give it in doses of one grain for each year of age and repeat it once in two hours until free sweating comes on and the fever falls. Care must be used in its administration or else it will produce delirium and irregularity of the pulse, either of which symptoms warn us to give the remedy at longer intervals or in smaller doses. I always combine it with bromide of potassa, which seems to lessen its perturbating effect on the nervous system. Veratrum I consider a most valuable antipyretic in cases where the pulse will warrant its use. I give it in doses of three drops every two hours, adding one drop to each dose until the pulse falls to ninety or the patient is nauseated, and then at longer intervals to keep the pulse at this point. I always combine it with tincture of ginger to prevent nausea, a point which I obtained from Dr. Fordyce Barker, of New York, who has used it more extensively than any other American physician, and who depends upon it more than all else in puerperal fevers. In all inflammations it does good by lessening the flow of blood to the inflamed organ or tissue. I use this drug almost daily in my practice, and from the minute directions which I give to the nurse I have never yet had any serious disaster from its use. I give small children one drop every hour until the pulse falls or they vomit.

After summing up, I would say that with the ice cap, sponging with bay rum, with veratrum, quinine, antipyrin and salicylate of soda, there will be little need for the cold bath, but these remedies must be pushed if we wish them to display any active results; no half hearted measures will do when the temperature is threatening the integrity of the brain and heart, and no candid observer can use these remedies without saying by their use that fevers have lost much of their former terrors, and that the mortality has been greatly reduced in almost every disease in which fever plays a conspicuous part. I have written this paper with the

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hope that those of us, especially those just entering the threshold of our profession, who are inclined to too much conservatism in the treatment of disease, may be reminded afresh, that to fold the hands helplessly, and to give the reins to a symptom, which at present, can be almost absolutely controlled by treatment, is little short of criminal negligence; and that they may be also reminded that with reasonable care the antipyretic treatment is not only certain, but also, safe and eminently proper in all the conditions touched upon in this paper.

Concerning digitalis and aconite, I have but little to say regarding their antipyretic powers, as I have never seen much benefit from their use as such agents. I sometimes substitute aconite for veratrum when the latter nauseates, but I have never been satisfied that it did much good, whilst on the other hand, I feel well assured that I have saved life with veratrum.

Finally, I have written unqualifiedly of nothing that I have not tested personally again and again, and I can safely and conscienciously say that no medicine in the whole gamut of therapeutics has afforded me so eminent a degree of pleasure, and so thorough a gratification of pride in our resources as practical physicians, as has this highly satisfactory and eminently useful system of the antipyretic treatment of disease.

I have made no mention of the use of the cold water coil for reducing temperature, for the reason that I have had no practical experience in its use, save some observations in the New York Hospital, where it is used chiefly after laparotomy, and in puerperal peritonitis. Reports of its use are conflicting, and thus far it has not come into general use in this country. I am inclined to think favorably of it, however, when used with proper caution.

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The next Annual Meeting of the Medical Association of the State of Alabama, will be held in the city of Tuskaloosa on the second Tuesday in April, 1887, at 12 o'clock noon, and continuing four days.

Each county is entitled to send TWO Delegates. The assessment upon the County Societies is ONE DOLLAR for each member, exclusive of Counsellors and Delegates, the former of whom pay the ONE FEE OF TEN DOLLARS and the latter FIVE DOLLARS. Further particulars will be found in the Annual Circular Letter of the Secretary, to be issued March 1st, 1887.

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ERRATA.

CLARKE COUNTY MEDICAL SOCIETY—Greenville, 1885.

President—G. W. Files, M. D., Gosport.
Secretary—J. W. Armistead, M. D.. Grove Hill.
County Health Officer—B. W. Bush, M. D,, Choctaw Corner.
President of the Board of Censors—G. W. Files, M. D., Gosport.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Burwell Middleton, medical department of university Louisiana, 1858, Coffeeville.
Armistead, James Westwood, medical college of Alabama, 1883, Grove Hill.
Barnes, Benjamin Shields, university of Pennsylvania, 1859, Suggsville.
Boroughs, Bryan, Louisville medical college, 1870, Vashti.
Bush, Boaz Whitfield, medical college of South Carolina, 1858, Choctaw Corner.
Chapman, Gross Scruggs, medical college of Alabama, 1879, Jackson.
Davis, Henry Gaines, medical college of Alabama, 1872, Gainestown.
Files, George Washington, medical department university of Louisiana, 1850, Gosport.
Fleming, John William, medical college of Alabama, 1879, Salitpa.
Harwood, Thomas Brodnax, medical department university of Louisiana, 1860, Tallahatta Springs.
Hicks, Lamartine Orlando, medical college of Alabama, 1873, Jackson.
Jones, Greene Ervin, Atlanta medical college, 1883, Coffeeville.
Prim, Thomas Jefferson, college not given, Salitpa.
Lindsey, James, college not given, Lower Peach Tree.
Membership—14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Davis, James Madison, medical department university of Louisiana, 1861, Bashi.
Durden, Henry Jefferson, medical college of South Carolina, 1883, Choctaw Corner.
Gilmore, John A., Louisville medical college, 1886, Rural.
Webb, Sidney Vaughn, medical college of New York, and Jefferson medical college, 1858, Coffeeville.

There are no irregular practitioners in the county.

MARSHALL COUNTY MEDICAL SOCIETY—Anniston, 1886.

President—W. G. Smith, M. D., Warrenton.
Secretary—W. L. Thomasson, M. D., Guntersville.
President of the Board of Censors—W. L. Thomasson, M. D., Guntersville.
County Health Officer—William May, M. D., Warrenton.

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ERRATA—CONTINUED.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POST-OFFICES.

Funderberg, William Lewis, Southern Reform medical college, Atlanta, 1882, Albertville.

Hall, William Presley, Southern Reform medical college Atlanta, 1886, Hyatt.

Johnson, Morens L., certificate county board, 18—, Oleander.

Lusk, Lorenzo D., certificate of Madison county board, 1860, Guntersville.

May, George B., certificate of county board, 18—, Midway.

May, Thomas S., Vanderbilt University, 1883, Midway.

May, William, university of Nashville, 1880; Vanderbilt University, 1882, Warrenton.

Patterson, Jefferson Jackson, certificate of Etowah county board, 1881, Albertville.

Picketts, William M., certificate of Marshall county board (old law), 1868, Guntersville.

Russell, William David, Cincinnati college of Physicians and Surgeons, 1884, Oleander.

Scott, Agrippa, Atlanta medical college, 1885, Oleander.

Slaughter, Charles J., certificate of Etowah county board, 1881, Albertville.

Smith, William G., Nashville medical college, 18—, Warrenton.

Stewart, Andrew Jackson, medical college of Alabama, 1885, Henryville.

Thomasson, William Levi, university of Nashville, 1871, Guntersville.

Membership—15.

REGULAR PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Able, W. G., college not given, Henryville.

Blakemore, J. E., university of Tennessee, 1885, Clayville.

Barcliff, Thomas, college not given, Arab.

Clapp, W. K., college not given, Albertville.

Highland, William, college not given, Oleander.

Hughes, W. P., college not given, Oleander.

Jackson, J. M., college not given, Guntersville.

Lazarus, M. E., college not given, Albertville.

Lane, R. H., college not given, ————.

Lowry, John, college not given, Lumpkin's.

McCorkle, J. C., college not given, Clayville.

McGahee, J. J., college not given, Morth.

Maples, J. H., college not given, Stet.

Dickson, F. M., college not given, Lumpkin's.

Moell, W. T., college not given, ————.

Ryan, Thomas H., university of Nashville, 1859, Oleander.

Robinson, ——, college not given, ————.

Sparks, Rus., college not given, ————.

Tramer, E. W. H., college not given, Northland.

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